

ANNUAL STATEMENT

For the Year Ended December 31, 2009 OF THE CONDITION AND AFFAIRS OF THE

HumanaDental Insurance Company

NAIC Group Code	0119	, 0119	NAIC Company	/ Code	70580	Employer's	ID Number _	39-0714280
_	(Current Period)	(Prior Period)	_	_				
Organized under the La	iws of	Wiscon	sin		of Domicile or F	Port of Entry	\	Visconsin
Country of Domicile				United	d States			
Incorporated/Organized	l	01/01/1908	Co	mmenced	Business		10/12/1	908
Statutory Home Office		1100 Employe	rs Boulevard		,	DeP	ere, WI 54115	<u>-</u> 5
		(Street and					vn, State and Zip	
Main Administrative Off	ice1	100 Employers Bou			DePere, W			920-336-1100
Matt Addes -		(Street and Number)		(City or Town, State		,	a Code) (Telephone Number)
Mail Address	(Ctro	PO Box 740036 et and Number or P.O. Bo	w\	_ '			7 40201-7436 ate and Zip Code)	
Primary Location of Boo	,		oyers Boulevard		DePere	e, WI 54115	ate and Zip Code)	920-336-1100
Timary Location of Boo	ons and records		t and Number)			State and Zip Code	(Area	a Code) (Telephone Number)
Internet Web Site Addre	ess	•	,	www.h	numana.com	·	,	, , ,
Statutory Statement Co		C	athy Staebler			50	2-580-2712	
oldidiory oldioment oo	maor		(Name)		-		ephone Number)	(Extension)
	cstaebler@hum	ana.com	()			502-580-20		(=,
	(E-Mail Addr	ess)				(FAX Numbe	er)	
			OFFIC	ERS				
Name		Title			Name			Title
Gerald Lawrence	Ganoni	Preside	ent	Jo	an Olliges Lena	han	VP and C	orporate Secretary
James Harry B		Sr. VP, CFO &			rank Murray Am			ointed Actuary
		·	OTHER O					
O O	f - !d	\					000	D
George Grant Bau		Vice Pres Vice Pres			eth Diane Bierb			Specialty Benefits ce President
John Gregory C Mark Matthew M		VP - Dental Seg			nn Edward Lum en Stephenson F			ent & Asst. Secretary
Gilbert Alan Ste	,	VF - Delital Set			Villiam Joseph 1			ce President
Gary Dean Thor		Vice Pres			a Louise Weave			ce President
Gary Dean Thor	<u>,</u> ,					,	VIC	e Fresident
		DIF	RECTORS O	RIKU	SIEES			
James Harry B	loem	Michael Benedic	t McCallister	Já	ames Elmer Mu	rray ,	Melissa Lo	uise Weaver M.D. #
State of County of The officers of this reportir above, all of the herein de that this statement, togeth liabilities and of the condition and have been completed may differ; or, (2) that stat knowledge and belief, resp	Jefferson dul scribed assets we ser with related ex on and affairs of t in accordance with e rules or regulatic pectively. Furtherm	y sworn, each depose re the absolute proper hibits, schedules and he said reporting entity in the NAIC Annual Stat ons require differences lore, the scope of this	ty of the said reporting explanations thereing as of the reporting pement Instructions are in reporting not relatestation by the design of the said attestation by the design of the said the sa	g entity, fre contained, period stated decounting ted to accounting scribed office.	e and clear from a annexed or referr d above, and of its ng Practices and F unting practices a ers also includes	any liens or clair red to, is a full a s income and de Procedures man nd procedures, a the related corre	ns thereon, exc and true statem ductions thereful except to the according to the exponding elect	cept as herein stated, and nent of all the assets and from for the period ended, e extent that: (1) state law best of their information, tronic filing with the NAIC,
Pro-	wrence Ganoni esident before me this	lary, 2010	Joan Ollige VP and Corpo		a. Is this b. If no:, 1. Sta 2. Dat	an original filing te the amendme e filed	nt number	,
Mura Carpontar Natari	Dublio				3. Nur	nber of pages at	tached	
Myra Carpenter, Notary August 9, 2013	PuDIIC							



DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2009

NAIC (Group Code 0119		INSUITAIN	NAIC Company Code 70580		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	44,637				44,637
2.	Annuity considerations	16.040				16,040
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	60,677	0	0	0	60,677
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:		i i			
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the		i i			
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	L0	L	0 L	0 L	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	L0	L	0 L	0 L	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	0				0
10.	Matured endowments	0				0
11.	Annuity benefits	0				0
12.	Surrender values and withdrawals for life contracts	80.284				80.284
13.	Aggregate write-ins for miscellaneous direct claims and					,
	benefits paid	L0	L	0 L	0 L	0
14.	All other benefits, except accident and health					0
	Totals	80,284	0	0	0	80,284
	DETAILS OF WRITE-INS					•
1301.			L			
1302.						
1303.						
	Summary of Line 13 from overflow page		0	0 1	0 1	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0 [0	0 [0

				edit Life						
	Oı	rdinary	(Group a	ind Individual)		Group	Inc	lustrial		otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	2,784	0	0	0	0	0	0	0	2,784
17. Incurred during current										
year		997							0	997
Settled during current										
year:										
18.1 By payment in full	0	0								0
18.2 By payment on										
compromised claims									0	0
18.3 Lotals paid	0	0	J0	0	0	0	0	0		0
18.4 Reduction by compromise									0	0
									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	3,781	0	0	0	0	0	0	0	3,781
POLICY EXHIBIT		<u> </u>			No. of Policies					
20. In force December 31,				(a)						
prior year	291	3,808,775	0	0	0	0	0	0	291	3,808,775
21. Issued during year									0	0
22. Other changes to in force										
(Net)									0	0
23. In force December 31				(a)						
of current year	291	3,808,775	0	0	0	0	0	0	291	3,808,775
(a) Includes Individual Credit Li					rrent year \$					
Includes Group Credit Life I			r equal to 60	months at issue,			curr	ent year \$		
Loans greater than 60 mon	ths at issue l	BUT NOT GREAT	TER THAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	652,379	691,366		438,036	442,427
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1Non-cancelable (b)					
25.2 Guaranteed renewable (b)				121,315	121,492
25.3 Non-renewable for stated reasons only (b)	114	114		862	862
25.4 Other accident only					
25.5All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	203,326	198,156	0	122,177	122,354
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	855,705	889,522	0	560,213	564,781

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______2,989 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Alaska

LIFE INSURANCE

DURING THE YEAR 2009

NAIC (Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
L		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	2,490	ļ			2,490
	Annuity considerations		ļ			Q
3.	Deposit-type contract funds		ļ		XXX	
4.		0.400	ļ			0
5.	Totals (Sum of Lines 1 to 4)	2,490	0	0	0	2,490
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums		<u> </u>			0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	255				255
	6.4 Other					0
	6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit	255	L0 L.	0	0	255
	7.2 Applied to provide paid-up annuities					 0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0 1	0
8.	Grand Totals (Lines 6.5 + 7.4)	255	0	0	0 [255
	DIRECT CLAIMS AND BENEFITS PAID	200	Ť			200
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	0				0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
1201	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.	Summary of Line 13 from overflow page	Λ	l		·····	·····
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	<u>U</u>	f ⁰ f-	⁰ }	⁰ -	 n
1399.	Totals (Lines 1301 tillu 1303 plus 1380) (Line 13 above)	U	0	0	U	U

	0	rdinary		edit Life Ind Individual)	(Group	Inc	dustrial		Total
į l	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	N-		No. of Ind. Pols.	A	No. of	-	, Na			
_	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year		203							0	203
Settled during current			l						l I	
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims									ا ۱	0
18.3 Totals paid	0		n	Λ	0	Λ	0	Λ	n l	0
18.4 Reduction by		0		LU		0		0	l	
compromise									ا ۱	0
18.5 Amount rejected									ا ۲۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	
18.6 Total settlements									<u>0</u>	0
	0	0	J	0	0	0	0	0	J	0
19. Unpaid Dec. 31, current					_			_		
year (16+17-18.6)	0	203	0	0	0	0	0	0	0	203
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	25	281,075	n	0	0	0	0	0	25	281.075
21. Issued during year									n	0
22. Other changes to in force									I	
(Net)									ا ۱	n
23. In force December 31				(a)						
of current year	25	281.075	0	(a) 0	0	0	0	0	25	281,075
(a) Includes Individual Credit L		- /			-	U	0	U	20	201,070
					rrent year \$			t C		
Includes Group Credit Life								rent year \$		
Loans greater than 60 mon	tns at issue	BUT NOT GREA	IER IHAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1			1	F
	1	4] 5 3	4) 5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	1,079,253	1,143,750		724,658	731,921
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	L	L	L	L	
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
23.3Aii 0ti lei (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	L0	0	L0	L0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,079,253	1,143,750	0	724,658	731,921

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______935 and number of persons insured under

Indemnity only products673



DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2009

INAIC C	Froup Code 0119				NAIC Company	y Code 70000
	DIRECT PREMIUMS	1	2	3	4	5
	AND ANNUITY CONSIDERATIONS		Credit Life (Group			
1		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
2.	Annuity considerations		L			0
3.	Deposit-type contract funds		ХХХ		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					0
	6.4 Other		L			0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	0	L0 L	0 L	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	L0 L	0 L	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits		[0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page	0	[0 	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0 	0	0
•			•	<u>'</u>		

				edit Life						
	Oı	rdinary	(Group a	nd Individual)		Group	Industrial			Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	
17. Incurred during current										
year									0	
Settled during current										
year:										
18.1 By payment in full									0	
18.2 By payment on										
compromised claims									0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	
18.4 Reduction by										
compromise									0	
18.5 Amount rejected			<u> </u>						0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	L0	0	0	0	
21. Issued during year									0	
22. Other changes to in force										
			<u> </u>						0	
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	
a) Includes Individual Credit L					rrent year \$					
Includes Group Credit Life I			r equal to 60	months at issue,			curi	rent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREAT	TER THAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)	1				
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only		l			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Arizona

LIFE INSURANCE

DURING THE YEAR 2009

NAIC (Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	34,392				34,392
2.	Annuity considerations	18,357				18,357
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	52,749	0	0	0	52,749
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit	231				231
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	273	ļ			273
	6.4 Otner		ļ			0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	504	ļ0 ļ.	J.	J.	504
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other		ł			0
	7.4 Totals (Sum of Lines 7.1 to 7.3)		ļ	<u>0</u>	<u>0</u>	U
8.	Grand Totals (Lines 6.5 + 7.4) DIRECT CLAIMS AND BENEFITS PAID	504	0	U	0	504
		00.000				00.000
9.	Death benefits	30,000	ļ			30,000
10.	Matured endowments	1,000	ļ			1,000
11.	Annuity benefits	70.04F	ļ			U
12.	Surrender values and withdrawals for life contracts	72,015	ļ			
13.	Aggregate write-ins for miscellaneous direct claims and	0		0	0	0
14	benefits paid	U	- ا لا		V	U
	All other benefits, except accident and health Totals	103.615	ł			
13.	DETAILS OF WRITE-INS	103,013	U	0	0	103,013
1201						
1301.						
1303.		Λ	ł	·····		
	Summary of Line 13 from overflow page	U	\range \range	^{\(\rho\\} \) -	⁰	 ^
1399.	Totals (Lines 1301 tillu 1303 pius 1390) (Line 13 above)	U	U	U	0	0

				edit Life						
	O	rdinary	(Group a	ind Individual)		Group	Ind	lustrial	Ţ	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2	No. of Ind. Pols.	4	No. of	6	7	8	9	10
	NO.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	0	4.000				0		0		4 000
prior year	0	1,930	0	0	0	0		0	⁰	1,930
17. Incurred during current	0	04 400								04 400
year	2	31,492							2	31,492
Settled during current										
year:										
18.1 By payment in full	2	31,000							2 	31,000
18.2 By payment on										
compromised claims									0	0
compromised claims	2	31,000	0	0		0	0	0	2 	31,000
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
	2	31,000	0	0	0	0	0	0	2	31,000
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	2,422	0	0	0	0	0	0	0	2,422
POLICY EXHIBIT					No. of Policies					
20. In force December 31,			l	(a)						
prior year	174	2,061,554	L0	0	0	0	0	0	174	2,061,554
prior year21.Issued during year		23,872							0	23.872
22. Other changes to in force										
(Net)	(11)	(345.631)							(11)	(345.631
23. In force December 31			1	(a)						
of current year	163	1,739,795		0	0	0	0	0	163	1,739,795
(a) Includes Individual Credit Li					rrent year \$					
Includes Group Credit Life I	Insurance: L	oans less than o	r equal to 60	months at issue,	prior year \$		curr	ent year \$		
Loans greater than 60 mon								year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	8,553,087	9,064,231		5,742,918	5,800,483
24.1Federal Employees Health Benefits Program premium (b)					
24.2Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b)					
23.2 Guaranteeu renewable (b)	332,219	010,737	L	L317,704	L310,ZZ1
25.3 Non-renewable for stated reasons only (b)	L	<u> </u>	<u> </u>	<u> </u>	L
25.4 Other accident only					
25.4Other accident only 25.5All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5)					
20.0 Totals (3ail of Elifes 20.1 to 20.0)	UUL, ZI U		L0	317,764	318,227
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,085,366	9,582,968	0 etc 21.12	6,060,682	6,118,710

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____31,139 and number of persons insured under

Indemnity only products _____



DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2009

MINLOI	BUSINESS IN THE STATE OF Arkansas		INIOLID A SIO	_	DURING THE YEAR 2009		
IAIC Gr	roup Code 0119	LIFE	INSURANC	E	NAIC Company (Code 70580	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5	
		Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	26,879				26,879	
2.	Annuity considerations	20,021				20,021	
3.	Deposit-type contract funds		XXX		XXX _	(
4.	Other considerations		L			(
5.	Totals (Sum of Lines 1 to 4)	46,899	0	0	0	46,899	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit		L			(
	6.2 Applied to pay renewal premiums		LL)	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period	0	L			(
	6.4 Other					(
	6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0		
	Annuities:						
	7.1 Paid in cash or left on deposit					(
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	(
	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
	DIRECT CLAIMS AND BENEFITS PAID		,				
9.	Death benefits	0					
10.	Matured endowments	0					
11.	Annuity benefits						
12.	Surrender values and withdrawals for life contracts	3 550				3,550	
13.	Aggregate write-ins for miscellaneous direct claims and						
	benefits paid	0	0	0	0	(
14.						(
	Totals	3.550	0	0	0	3,550	
	DETAILS OF WRITE-INS	2,000	 			3,000	
	5217425 OF THAT 2 HO						
1302.							
			0	n 1	n †	 (
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	⁰		h	ر ۲	

	Or	dinary		edit Life and Individual)	(Group	Inc	dustrial	Т	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	2,112	0	0	0	0	0	0	0	2.11
17. Incurred during current		,								,
year		1.024							0	1.02
Settled during current										
year:										
18.1 By payment in full	0	0							0 [
18.2 By payment on									ı	
compromised claims									0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	
18.4 Reduction by compromise									0	
18.5 Amount rejected									0 [
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	3,136	0	0	0	0	0	0	0	3,13
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)					1	
prior year	86	3,433,822	0	0	0	0	0	0	86	3,433,82
21. Issued during year			 							
22. Other changes to in force (Net)									0	
23. In force December 31	1			(a)					- 1	
of current year	86	3,433,822	0	0	0	0	0	0	86	3,433,82
) Includes Individual Credit Lit										
Includes Group Credit Life In	nsurance: L	oans less than o	r equal to 60	months at issue,	prior year \$		curr	ent year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	258,313	273,750		173,443	175,181
24.1Federal Employees Health Benefits Program premium (b)					
24.2Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	100.004	97.460		59.701	59.788
25.3 Non-renewable for stated reasons only (b)		,			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	100,004	97,460	0	59,701	59,788
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	358,317	371,210	0	233,144	234,969

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______625 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2009 LIFE INSURANCE

AIC Gro	up Code 0119	LIFE	INSURANCE	=	NAIC Company C	ode 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1. Li	ife insurance	255,994				255,99
2. A	nnuity considerations	86,937	L			86,93
3. D			XXX		XXX _	
4. O	ther considerations					
5. To	otals (Sum of Lines 1 to 4)	342,932	0	0	0	342,9
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	ife insurance:					
	.1 Paid in cash or left on deposit					2
6.	.2 Applied to pay renewal premiums					
6.	.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	1,367	ļ			1,3
6.	.4 Other [ļ			
	.5 Totals (Sum of Lines 6.1 to 6.4)	1,620	0	0	0	1,6
	Annuities:					
7.	1 Paid in cash or left on deposit		ļ			
7.	2 Applied to provide paid-up annuities					
7.	.3 Other					
	.4 Totals (Sum of Lines 7.1 to 7.3)		L0 L	0	0	
8. G	rand Totals (Lines 6.5 + 7.4)	1,620	0	0	0	1,6
	DIRECT CLAIMS AND BENEFITS PAID					
	eath benefits					180,0
10. M	latured endowments	2,550	ļ			2,5
11. A	nnuity benefits	26 , 123	ļ			26 , 1
	urrender values and withdrawals for life contracts	361,422				361,4
13. A	ggregate write-ins for miscellaneous direct claims and			.		
	benefits paid	58	ļ	J	J	
	Il other benefits, except accident and health		ļ			
15. To		570,178	0	0	0	570,1
	ETAILS OF WRITE-INS	50				
	oupons paid	58				
302						
303			ļ			
398. S	ummary of Line 13 from overflow page	0	ļ0 ļ	0	0	
399. To	otals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	58	0	0	0	

	Oi	rdinary		edit Life nd Individual)	(Group	Ind	ustrial	-	Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	13,564	0	0	0	0	0	0	0	13,564
17 Incurred during current										
year	11	188.503							11 l	188,503
Settled during current										
year:										
18.1 By payment in full	12	182.576							12	182.576
18.2 By payment on										
compromised claims									0	
18.3 Totals paid	12	182,576	0	0	0	0	0	0	12	182.576
18.4 Reduction by										
compromise			<u> </u>						0	
18.5 Amount rejected			l						0 	
18.6 Total settlements	12	182,576	0	0	0	0	0	0	12	182,576
19. Unpaid Dec. 31, current		,							İ	,
year (16+17-18.6)	(1)	19,492	0	0	0	0	0	0	(1)	19,492
	\ /				No. of				` '	
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)					İ	
prior year	991	27 , 246 , 545	L0	0	0	0	0	0	991	27 , 246 , 545
21. Issued during year	2	140,596							2	140,596
22 Other changes to in torcel				i						
(Net)	(66)	(2,035,603)	l						(66)	(2,035,603
23. In force December 31	(,	. , , ,		(a)					/ [. , ,
of current year	927	25,351,538	0	0	0	0	0	0	927	25,351,538
) Includes Individual Credit L	ife Insurance	e: prior year \$		CU	rrent year \$					

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	35,638,822	37,768,645		23,929,469	24,169,328
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2Guaranteed renewable (b)	15,011	14,629	L	18,967	8,974
25.3 Non-renewable for stated reasons only (b)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>	
25.4 Other accident only					
25.5All other (b)	L				
25.6 Totals (sum of Lines 25.1 to 25.5)	15,011	14,629	L0	8,961	8,974
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,653,833	37,783,274	0	23,938,430	24,178,302

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______86,862 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2009

_	Group Code 0119 DIRECT PREMIUMS	4	2	2 1	NAIC Company (5	
	AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
1.	Life insurance	289		·			
2.	Annuity considerations	255					
3.			XXX		XXX		
4.							
5.	Totals (Sum of Lines 1 to 4)	544	0	0	0		
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit						
	6.2 Applied to pay renewal premiums						
	6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit	0	0	0	0		
	7.2 Applied to provide paid-up annuities						
	7.3 Other						
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0		
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits						
10.	Matured endowments						
11.	Annuity benefits						
12.	Surrender values and withdrawals for life contracts	0					
13.	Aggregate write-ins for miscellaneous direct claims and	ĺ					
	benefits paid	0	ļ0 ļ	0	0		
	All other benefits, except accident and health						
15.	Totals	0	0	0	0		
	DETAILS OF WRITE-INS						
301.							
302.							
303.							
398.	Summary of Line 13 from overflow page	0	0	0	0		
399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0		

				edit Life						
	Or	dinary	(Group a	ind Individual)		Group	Inc	dustrial		Γotal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols. &	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	11	0	0	0	0	0	0	0	
17. Incurred during current										
		6							0	
Settled during current										
year:										
									0	
18.2 By payment on										
compromised claims									0	
	0	0	0	0	0	0	0	0	0	
18.4 Reduction by										
									0	
									0	
	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	17	0	0	0	0	0	0	0	1
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	2	5,536	0	0	0	0	0	0	2	5,53
									0	
22. Other changes to in force										
									0	
23. In force December 31				(a)						
of current year	2	5,536	0	0	0	0	0	0	2	5,53
a) Includes Individual Credit Li					rrent year \$			·		
Includes Group Credit Life I								ent year \$		
Loans greater than 60 mont	ths at issue I	BUT NOT GREAT	TER THAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		l	Dividends Paid or		
	l	Direct Premiums	Credited On Direct	l	Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under Indemnity only products ...



DIRECT BUSINESS IN THE STATE OF Colorado

LIFE INSURANCE

DURING THE YEAR 2009

IAIC (Group Code 0119		INSUITAING	NAIC Company Code 70580		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Croup	4 Industrial	5 Total
	1.75			Group		
1.	Life insurance	25,985				25,985
2.	Annuity considerations	16,519			WWW	16,519
3.	Deposit-type contract funds		XXX			D
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	42,505	0	0	0	42,505
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the	010				040
	endowment or premium-paying period	019				
	6.4 Other	C40				U
	6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit		V	U	V	910
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	7.4 Totals (Sum of Lines 7.1 to 7.3)	619	0	0	0	619
	DIRECT CLAIMS AND BENEFITS PAID	0.0	•			0.0
9.	Death benefits	34 230				34 230
10.	Matured endowments	6,000				6 000
11.	Annuity benefits	0,000				0,000
12.	Surrender values and withdrawals for life contracts	50 716				50 716
13.	A name and a comit a long for an invariant linear and all linear and		1			
	benefits paid	1.240	0	0	0	1,240
14.	All other benefits, except accident and health					
	Totals	92.187	0	0	0	92.187
	DETAILS OF WRITE-INS	. , . • .				. ,
301.	Coupons paid	1.240				1.240
1302.						
1303.						
	Summary of Line 13 from overflow page	0	0	0	0	0
1000	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	1.240	n	n		1,240

	0	rdinary		edit Life and Individual)	,	Group	Inc	dustrial	_	Γotal
	1 0		_ `	i iu iliuiviuuai)			7			10 tai
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year		1,414	0	0	0	0	0	0	0	1,414
year	5	40.854							5	40.854
Settled during current year:										
18.1 By payment in full	5	40.230							5	40.230
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	40,230	0	0	0	0	0	0	5	40,230
18.4 Reduction by compromise									0	0
18.5 Amount rejected			l						0	0
18.6 Total settlements	5	40,230	0	0	0	0	L0	0	5	40,230
19. Unpaid Dec. 31, current year (16+17-18.6)	0	2,037	0	0	0	0	0	0	0	2,037
POLICY EXHIBIT					No. of Policies					-
20. In force December 31,				(a)						
prior year	169	1,485,726	0	0	0	0	0	0	169	1,485,726
21. Issued during year		30,980							0	30,980
22. Other changes to in force										
(Net)	(15)	(448,541)							(15)	(448,541)
23. In force December 31				(a)						
of current year	154	1,068,165	0	0	0	0	0	0	154	1,068,165
(a) Includes Individual Credit L					rrent year \$					
Includes Group Credit Life								ent year \$		
Loans greater than 60 mon	ths at issue	BUT NOT GREA	TER THAN 1	20 MONTHS, prid	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	12,313,306	13,049,165		8,267,694	8,350,566
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2Guaranteed renewable (b)	1,090,387	1,062,646		650,948	651,897
25.3 Non-renewable for stated reasons only (b)	L170	L170		1,291	1,291
25.4 Other accident only				,	,
[23.3All Other (b)	L	L			
25.6 Totals (sum of Lines 25.1 to 25.5)	1,090,557	1,062,816	L0	652,239	653,188
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,403,863	14,111,981	0	8,919,933	9,003,754

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____31,084 and number of persons insured under

Indemnity only products _____378



DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2009

NAIC (Group Code 0119		INSUITANG	NAIC Company Code 70580		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	10,780	· ·	·		10.780
2.	Annuity considerations					5,505
	Deposit-type contract funds		XXX		XXX	
	Other considerations					(
5.	Totals (Sum of Lines 1 to 4)	16,285	0	0	0	16,285
	DIRECT DIVIDENDS TO POLICYHOLDERS	·				
	Life insurance:					
	6.1 Paid in cash or left on deposit		l			(
	6.2 Applied to pay renewal premiums		[(
	6.3 Applied to provide paid-up additions or shorten the		l l			
	endowment or premium-paying period	637	L			637
	6.4 Other					(
	6.5 Totals (Sum of Lines 6.1 to 6.4)	637	L0 L.	0	0	637
	Annuities:					
	7.1 Paid in cash or left on deposit		ļ			(
	7.2 Applied to provide paid-up annuities)
	7.3 Other					
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	<u> </u>	0	0	(
8.	Grand Totals (Lines 6.5 + 7.4)	637	0	0	0	637
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					(
10	Matured endowments	0				(
11.	Annuity benefits Surrender values and withdrawals for life contracts	2,807				2,807
12.	Surrender values and withdrawals for life contracts	1,722				1,722
13.	Addregate write-ins for miscellaneous direct claims and					
	benefits paid	0	ļ0 <u>ļ</u>	0	0	
	All other benefits, except accident and health		ļ			
15.	Totals	4,530	0	0	0	4,530
	DETAILS OF WRITE-INS					
1302.						
1303.						
	Summary of Line 13 from overflow page	0	ļ0 ļ	0	0	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	(

				edit Life						
	Oı	rdinary	(Group a	ind Individual)		Group	Inc	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,		7 1110 0110	0 00	7	00.10.	7		7		7
prior year17. Incurred during current	0	700	0	0	0	0	0	0	0	70
year		359							0	359
Settled during current year:										
18.2 By payment on compromised claims	0	0							 0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	
18.4 Reduction by									0	
18.5 Amount rejected			<u> </u>						0	(
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year (16+17-18.6)	0	1,059	0	0	0	0	0	0	0	1,05
POLICY EXHIBIT 20. In force December 31.					No. of Policies					
prior year		3,767,347	0	(a) 0	0	0	0	0	51	3,767,34
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	51	3,767,347	0	(a) 0	0	0	0	0	51	3,767,34
(a) Includes Individual Credit Li	ife Insurance			Cu	rrent year \$			-		., . , .
Includes Group Credit Life I Loans greater than 60 mon	Insurance: L	oans less than o	r equal to 60	months at issue,	prior year \$			ent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2 Direct Premiums	3 Dividends Paid or Credited On Direct	4	5 Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
23.2 Guaranteeu renewable (b)	L334	320	l	199	200
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5Aii otilei (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	334	326	0	199	200
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	334	326	0	199	200

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2009

	T BOSINESS IN THE STATE OF Delaware	LIFE	INSURANC	F	DURING THE YEAR 2009		
NAIC (Group Code 0119		IIIOUIAIIO	'	NAIC Company	Code 70580	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5	
		Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	14 , 128				14 , 128	
2.	Annuity considerations	6,383				6,383	
3.	Deposit-type contract funds		ХХХ		XXX	0	
4.	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	20,511	0	0	0	20,511	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period					0	
	6.4 Other					0	
	6.5 Totals (Sum of Lines 6.1 to 6.4)	0	L0 L.	0	0	0	
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0 [0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					0	
10.	Matured endowments	0				0	
11.	Annuity benefits	156				156	
12.	Surrender values and withdrawals for life contracts	9,092				9,092	
	Aggregate write-ins for miscellaneous direct claims and	•					
	benefits paid	4	L0 L.	0	0	4	
14.	All other benefits, except accident and health					0	
	Totals	9,252	0	0	0	9,252	
	DETAILS OF WRITE-INS	·					
1301.	Coupons paid	4				4	
1302.							
1303.							
1398.	Summary of Line 13 from overflow page	0	0	0	0	0	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	4	0	0	0 [4	
	: 11111 (-	<u> </u>	•	•		

	0	rdinary	(Group a	edit Life and Individual)		Group	Inc	dustrial		otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,		741104111	011 00111101	7.11100111	00.10.	7 1110 01110		7		7.11104111
prior year	0	825	۱ ،	l .	0	0	٥	0	٥	925
17. Incurred during current	0	020	ļ	⁰	0	0		0	l	023
•		302							٥	303
year Settled during current										
year: 18.1 By payment in full	0	0							0	0
18.2 By payment on										
compromised claims									0	0
	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	1,216	0	0	0	0	0	0	0	1,216
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	63	1,783,260	0	0	0	0	0	0	63	1,783,260
21. Issued during year			ļ						0	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	63	1,783,260	0	0	0	0	0	0	63	1,783,260
(a) Includes Individual Credit L	ife Insurance	e: prior year \$		cu	rrent year \$					
Includes Group Credit Life	Insurance: I	_oans less than o	r equal to 60	months at issue,	prior year \$		curr	ent year \$		
Loans greater than 60 mon	ths at issue	BUT NOT GREAT	TER THAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	3,156	3,345		2,119	2,140
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	L0	0	L0	L0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,156	3,345	0	2,119	2,140

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2009

NAIC Gro	oup Code 0119		IIIOUITAIIC	NAIC Company Code 70580		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1. L	ife insurance					78,008
	Annuity considerations					12 , 14(
3.	Deposit-type contract funds		XXX _		XXX	(
4. (Other considerations					
5. T	Totals (Sum of Lines 1 to 4)	90,148	0	0	0	90,14
6	DIRECT DIVIDENDS TO POLICYHOLDERS ife insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					
6	6.4 Other	0	0	0	0	
7	7.1 Paid in cash or left on deposit					
	7.3 Other	Λ				
	Grand Totals (Lines 6.5 + 7.4)		⁰		h	
0. (DIRECT CLAIMS AND BENEFITS PAID	0	U	0	0	
10. N	Death benefits Matured endowments					
11. <i>A</i>	Annuity benefits					
13. <i>A</i>	Surrender values and withdrawals for life contracts	0	0	0	0	114,90
	All other benefits, except accident and health					
15. T		114,906	0	0	0	114,90
1301	DETAILS OF WRITE-INS					
	Summary of Line 13 from overflow page			0	······	
1399 7	otals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0 N	0		0	
	calle (Ellies 1501 tilla 1500 plas 1500) (Ellie 15 above)	U	0	0	0	

	_			edit Life						
	Oı	rdinary	(Group a	ind Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	5,377	0	0	0	0	0	0	0	5,37
17. Incurred during current										
year	(1)	2,185							(1)	2 , 185
Settled during current										
year:										
18.1 By payment in full	0	0							0	(
18.2 By payment on										
compromised claims									0	(
18.3 Totals paid	0	0	0	0	0	0	0	0	0	(
18.4 Reduction by										
compromise			ļ						0	(
18.5 Amount rejected [0	(
18.6 Total settlements	0	0	0	0	0	0	0	0	0	(
19. Unpaid Dec. 31, current										
year (16+17-18.6)	(1)	7,562	0	0	0	0	0	0	(1)	7,562
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	245	11,303,204	0	0	0	0	0	0	245	11,303,204
21. Issued during year									0	(
22. Other changes to in force										
(Net)			ļ						0	(
23. In force December 31			l	(a)						
of current year	245	11,303,204	0	0	0	0	0	0	245	11,303,20
(a) Includes Individual Credit Li					rrent year \$					
Includes Group Credit Life I								ent year \$		
Loans greater than 60 mon	ths at issue	BUT NOT GREAT	TER THAN 1	20 MONTHS, prid	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	995,416	1,054,904		668,366	675,066
24.1Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2Guaranteed renewable (b)	L1,031		L	L9/3	975
25.3 Non-renewable for stated reasons only (b)	· · · · · · · · · · · · · · · · · · ·				
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,631	1,589	0	973	975
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	997,047	1,056,493	0	669,339	676,041

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______2,934 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Florida

LIFE INSURANCE

DURING THE YEAR 2009

NAIC C	Group Code 0119	LIFE	INSURANC	E	NAIC Company (Code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	423,822				423,822
2.	Annuity considerations	90,373				90,373
3.	Deposit-type contract funds		XXX		XXX	0
4.						0
5.	Totals (Sum of Lines 1 to 4)	514,195	0	0	0	514,195
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit	382				382
	6.2 Applied to pay renewal premiums	364				364
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	2,394	ļ			2,394
	6.4 Other		ļ			
	6.5 Totals (Sum of Lines 6.1 to 6.4)	3,140	0	J		3 , 140
	Annuities:					0
	7.1 Paid in cash or left on deposit					<u>U</u>
	7.2 Applied to provide paid-up annuities					0
	7.3 Other	ļ	l			
	7.4 Totals (Sum of Lines 7.1 to 7.3)	3,140	<u> </u>	l	⁰	U
0.	Grand Totals (Lines 6.5 + 7.4) DIRECT CLAIMS AND BENEFITS PAID	3,140	U	- 0	U	3,140
		F00 440				F00 440
	Death benefits					589,118
10.	Matured endowments	27 606	 			11,000 27.686
11.	Annuity benefits	731,725				731.725
	Aggregate write-ins for miscellaneous direct claims and	131,123	ll			131,123
13.	benefits paid	270	ا ۱	0	ا ۱	270
14	All other benefits, except accident and health	Z13	l		⁰	ر اعــــــــــــــــــــــــــــــــــــ
	Totals	1.359.809	0	0	0	1,359,809
	DETAILS OF WRITE-INS	1,000,000	· · · · · · · · · · · · · · · · · · ·	•	•	1,000,000
1301	Coupons paid	279				270
1302		213				Z1
1303.						
	Summary of Line 13 from overflow page	0	0	n 1	n	<u> </u>
1399	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	279	ln l		h	279
.000.	Totalo (Elito 1001 tilla 1000 piao 1000) (Elito 10 above)		0	0	0	213

16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on	No2	Amount	3 No. of Ind. Pols. & Gr. Certifs.	Amount	5 No. of Certifs.	Group 6 Amount	7 Ind	ustrial 8 Amount	9 No.	10
BENEFITS AND MATURED ENDOWMENTS INCURRED NOT SHOW INCURED NOT SHOW INCURRED NOT SHOW INCURRED NOT SHOW INCURRED NOT SHOW	238	Amount57,674	No. of Ind. Pols. & Gr. Certifs.		No. of	, and the second	7 No.			
ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on	238	57,674	& Gr. Certifs.			Amount	No.	Amount	No.	A
INCURRED N 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on	238	57,674	Gr. Certifs.			Amount	No.	Amount	No.	A
prior year	38			0						Amount
17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on	38			0		I				
year		581,263			0	0	0	0	2	57,674
Settled during current year: 18.1 By payment in full 18.2 By payment on		581,263							I	
Settled during current year: 18.1 By payment in full 18.2 By payment on									38	581,263
18.1 By payment in full	39									
18.2 By payment on	39									
		600 , 118							39	600 , 118
compromised claims									0	0
18.3 Totals paid	39	600 , 118	0	0	0	0	0	0	39	600 , 118
18.4 Reduction by										
compromise									0 .	0
18.5 Amount rejected									0	0
18.6 Total settlements	39	600 , 118	0	0	0	0	0	0	39	600 , 118
19. Unpaid Dec. 31, current		00.040								00.040
year (16+17-18.6)	1	38,818	0	0	-	0	0	0	1	38,818
POLICY EXHIBIT					No. of					
20. In force December 31.					Policies					
20. In force December 31,	4 400	45 400 000		(a)			0	0	4 400	45 400 000
prior year21. Issued during year	1,126	45,428,833	0	0		0	⁰	0	1,126	45,428,833
22. Other changes to in force	b	462 , 132							b .	462,132
(Not)	(240)	(C COO OAE)							(240)	(6, 600, 045
(Net) 23. In force December 31	(210)	(0,090,943)							(210)	(6,690,945
of current year	914	39.200.020	0	(a) 0	0	0	0	0	914	39,200,020
a) Includes Individual Credit Life Ins						0]	U	U	914	39,200,020
Includes Group Credit Life Insura			r equal to 60	months at issue	nrior year \$			ant voor ¢		
Loans greater than 60 months at								ent year \$ vear \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		Direct Premiums	Dividends Paid or Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	17 778 833	18 841 320		11 937 489	12 057 145
24.1Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
23.2 Guaranteeu renewable (b)	1 16, 020, 6	L	l	Z, IUI, UI/	Z, 104,00Z
25.3 Non-renewable for stated reasons only (b)	19,104	19,104		144,913	144,913
25.4 Other accident only					
[25.5Aii 0tilei (b)					
25.6 Lotals (sum of Lines 25.1 to 25.5)	3,539,475		<u> </u> 0	2,246,530	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,318,308	22,291,232	0	14,184,019	, , .

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 82,467 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2009

DIINEO	I BUSINESS IN THE STATE OF Georgia			DURING THE YEAR 2009			
NAIC C	Group Code 0119	LIFE	INSURANC	CE	NAIC Company Code 70580		
	DIRECT PREMIUMS	1	2	3	4	5	
	AND ANNUITY CONSIDERATIONS	0.4	Credit Life (Group		1.1.1.2.1	T. (.)	
		Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	127,348				127 , 348	
	Annuity considerations					39,6/9	
3.	Deposit-type contract funds		XXX		XXX	<u> </u>	
4.	Other considerations					<u> </u> 0	
5.	Totals (Sum of Lines 1 to 4)	167,027	0	0	0	167,027	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit	0				<u> </u> 0	
	6.2 Applied to pay renewal premiums					<u>[</u> 0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period	781				781	
	6.4 Other	<u> </u>	L			l0	
	6.5 Totals (Sum of Lines 6.1 to 6.4)	781	0	0	0		
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	781	0	0	0	781	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	165 164				165 164	
10.	Matured endowments	0					
11.	Annuity benefits	0				l n	
12.	Surrender values and withdrawals for life contracts	172 311				172 311	
13.	Aggregate write-ins for miscellaneous direct claims and		i i			1,2,011	
	benefits paid	0	0	0	0	0	
14.	All other benefits, except accident and health					l 0	
	Totals	337 . 474	0	0	0	337,474	
<u> </u>	DETAILS OF WRITE-INS	00.,111	· ·	•		337,171	
1301	Coupons paid	n				l n	
1302						1	
1302.							
1308	Summary of Line 13 from overflow page	ļ	h	n	Λ	h	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	l	ا ۱		<u>U</u>	l	
1399.	Totals (Lines 1301 tillu 1303 pius 1396) (Line 13 above)	<u> </u>	0	0	0	1 0	

	Or	dinary		Credit Life (Group and Individual)		Group	Ind	ustrial	Ţ	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	2	48,420	0	0	n l	0	0	0	2	48,420
17. Incurred during current						·······				10, 120
year	8	129,611							8	129,611
Settled during current			İ						-	
year:										
18.1 By payment in full	9	165.164	İ						9	165 , 164
18.2 By payment on										
compromised claims									0	0
18.3 Totals paid	9	165 , 164	0	0	0	0	0	0	9	165,164
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
	9	165 , 164	0	0	0	0	0	0	9	165 . 164
19. Unpaid Dec. 31, current										
year (16+17-18.6)	1	12.867	0	0	0	0	0	0	1	12.867
POLICY EXHIBIT		,			No. of Policies					,
20. In force December 31,				(a)					I	
prior year21. Issued during year	407	13,424,619	0	0	0	0	0 L	0	407	13,424,619
21. Issued during year	2	127 , 187							2	127 , 187
22 Other changes to in force			ı				1		- 1	,
(Net)	(60)	(1,841,473)	.						(60)	(1,841,473
23. In force December 31				(a)					I	
of current year	349	11,710,333	0	0	0	0	0	0	349	11,710,333
a) Includes Individual Credit Li				Cu	rrent year \$					
Includes Group Credit Life I	nsurance: L	oans less than o	r equal to 60	months at issue,	prior year \$		curre	ent year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	13,606,189	14,419,313		9,135,793	9,227,366
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,012,934	L907 , 103		604,709	605,591
25.3 Non-renewable for stated reasons only (b)	4,530	4,530		34,358	
25.4 Other accident only					
[25.5 All Other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,017,464	991,693	L0	639,067	639,949
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,623,653	15,411,006	0	9,774,860	9,867,315

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____41,876 and number of persons insured under

Indemnity only products _____1,735



DIRECT BUSINESS IN THE STATE OF Guam

LIFE INSURANCE

DURING THE YEAR 2009

NAIC Gro	up Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5	
		Ordinary	and Individual)	Group	Industrial	Total	
1. Li	fe insurance						
2. A	nnuity considerations					(
3. D	eposit-type contract funds				XXX	(
4. O	ther considerations						
5. To	otals (Sum of Lines 1 to 4)	0	0	0	0	(
1:	DIRECT DIVIDENDS TO POLICYHOLDERS						
	fe insurance: 1 Paid in cash or left on deposit					(
6	2 Applied to pay renewal premiums						
	3 Applied to provide paid-up additions or shorten the						
0.	endowment or premium-paying period						
6.	4 Other						
6.	5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0		
Δ	nnuities:						
7.	1 Paid in cash or left on deposit						
7.	2 Applied to provide paid-up annuities						
7.	3 Other					(
7.	4 Totals (Sum of Lines 7.1 to 7.3)	0	<u> </u>	0	0	(
8. G	rand Totals (Lines 6.5 + 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID						
9. D	eath benefits						
10. M	atured endowments						
11. A	nnuity benefits		ļ				
13. A	ggregate write-ins for miscellaneous direct claims and	0	,	.	0	,	
11 1	benefits paid		^U -	U	l		
14. A	Il other benefits, except accident and health	Λ	ļ				
	ETAILS OF WRITE-INS	U	U	U	U		
_	ETAILS OF WRITE-INS						
1301							
1303							
1398 S	ummary of Line 13 from overflow page	Λ	h	n 1	n 1		
	otals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		t h	h	0		
	otato (Emos 1831 tina 1860 pias 1886) (Emo 18 above)	U	0 1	U	0 1		

	•	•		edit Life						
	Or	dinary	(Group a	ind Individual)	(Group	Inc	dustrial	Ţ	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	
17. Incurred during current										
year									0	
Settled during current										
year:										
									0	
18.2 By payment on										
compromised claims									0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	
18.4 Reduction by compromise									0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	L0	0	0	0	
19. Unpaid Dec. 31, current									I	
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	1	3,000	0	0	0	0	0	0	1 .	
									0	
22. Other changes to in force	l								- 1	
(Net)									0	
23. In force December 31	l			(a)					I	
of current year	1	3,000	0	0	0	0	0	0	1	3,00
a) Includes Individual Credit Li					rrent year \$					
Includes Group Credit Life I								ent year \$		
Loans greater than 60 mont	ths at issue I	BUT NOT GREAT	TER THAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
I 25.4 Other accident only		l			
25.5All other (b)					
25.6Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Hawaii

LIFE INSURANCE

DURING THE YEAR 2009

NAIC (Group Code 0119	LIFE INSURANCE NAIC Company Code 70							
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5			
		Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance	2,981				2,981			
	Annuity considerations	18,539				18,539			
3.			XXX		XXX	0			
4.	Other considerations					0			
5.	Totals (Sum of Lines 1 to 4)	21,520	0	0	0	21,520			
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0			
1	6.2 Applied to pay renewal premiums					0			
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0			
1	6.4 Other	Λ	ļ						
	6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit		U	V	V				
	7.2 Applied to provide paid-up annuities 7.3 Other								
1	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	<u>[0 </u>	0	0	0			
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	C			
	DIRECT CLAIMS AND BENEFITS PAID								
9.	Death benefits	1,000				1,000			
10.	Matured endowments	0	ļ						
11.	Annuity benefits					0			
12.	Surrender values and withdrawals for life contracts	1,448,380				1 , 448 , 380			
13.	Aggregate write-ins for miscellaneous direct claims and	0	, [0			
14	benefits paid All other benefits, except accident and health	U	^U	^U	J	U			
	Totals	1.449.380	l		0	1.449.380			
- 10.	DETAILS OF WRITE-INS	1,440,000	0	0	- · · · · · · · · · · · · · · · · · · ·	1,440,000			
1301	DETAILS OF WRITE-INS								
1303									
1398.	Summary of Line 13 from overflow page	0	0	0	n	n			
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		r		0				

				edit Life						
	Or	rdinary	(Group a	ind Individual)	(Group	Inc	dustrial	Ţ	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	128	0	0	0	0	0	0	0	12
17. Incurred during current										
year	0	1,048							0 L	1,04
Settled during current										
year:										
18.1 By payment in full	0	1,000							L0 L	1,00
18.2 By payment on										
compromised claims									0	
18.3 Totals paid	0	1,000	0	0	0	0	0	0	0	1,00
18.4 Reduction by										
compromise									0	
18.5 Amount rejected									0	
	0	1,000	0	0	0	0	0	0	0	1,00
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	176	0	0	0	0	0	0	0	17
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	13	78,093	0	0	0	ļ0	0	0	13	78,09
21. Issued during year		770		ļ		ļ			L	77
22. Other changes to in force	l									
(Net)		(11,149)							L0 L.	(11,14
23. In force December 31				(a)	_					ar
of current year	13	67,714	0	0	0	0	0	0	13	67,71
a) Includes Individual Credit Li					rrent year \$					
Includes Group Credit Life I								ent year \$		
Loans greater than 60 mont	ths at issue f	BUT NOT GREAT	TER THAN 1	20 MONTHS, price	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
I 25.4 Other accident only		l			
25.5All other (b)					
25.6Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Idaho

Indemnity only products

LIFE INSURANCE

DURING THE YEAR 2009

NAIC G	roup Code 0119	LIFE	INSURANC	LIFE INSURANCE NAIC Company Code 70580								
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5						
		Ordinary	and Individual)	Group	Industrial	Total						
1.	Life insurance	2,425				2,425						
2.	Annuity considerations		<u> </u>			1 , 129						
3.	Deposit-type contract funds		XXX		XXX	0						
4.	Other considerations					0						
5.	Totals (Sum of Lines 1 to 4)	3,554	0	0	0	3,554						
	DIRECT DIVIDENDS TO POLICYHOLDERS											
	Life insurance:					_						
	6.1 Paid in cash or left on deposit					0						
	6.2 Applied to pay renewal premiums					0						
	6.3 Applied to provide paid-up additions or shorten the					•						
	endowment or premium-paying period					0						
	6.4 Other	^	ł			U						
	6.5 Totals (Sum of Lines 6.1 to 6.4)	U	ا لا		l							
	7.1 Paid in cash or left on deposit			-	-	0						
	7.1 Faid in cash of left of deposit 7.2 Applied to provide paid-up annuities					 N						
	7.3 Other					o						
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0							
	Grand Totals (Lines 6.5 + 7.4)	0	0 [0	0	0						
	DIRECT CLAIMS AND BENEFITS PAID		Ů	Ů	Ů							
9.	Death benefits	5.692				5.692						
10.	Matured endowments	0				0						
11.	Annuity benefits					0						
12.	Surrender values and withdrawals for life contracts	3,897				3,897						
13.	Aggregate write-ins for miscellaneous direct claims and			İ	İ							
l	benefits paid	0	ļ0 ļ	0	0	<u>0</u>						
	All other benefits, except accident and health		ļ			0						
	Totals	9,589	0	0	0	9,589						
	DETAILS OF WRITE-INS			[•						
1301.						ŏ						
1302.						0						
	0					0						
1398.	Summary of Line 13 from overflow page	0	<u>0</u> -	ő ŀ	ō ŀ	0						
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0 1	0	0	0						

				edit Life						
	O ₁	rdinary	(Group a	ind Individual)		Group	Inc	lustrial		otal
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	84	0	0	0	0	0	0	0	84
17. Incurred during current										
year	0	5,707							0	5,707
Settled during current										
year:										
18.1 By payment in full	0	5,692							0	5,692
18.2 By payment on										
compromised claims									0	0
18.3 Totals paid	0	5,692	0	0	0	0	0	0	0	5,692
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	5,692	0	0	0	0	ļ0 ļ	0	0	5,692
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	100	0	0	0	0	0	0	0	100
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	22	116 , 182	0	0	0	0	0	0	22	116,182
21. Issued during year		4,383	 				[0 <u> </u>	4,383
22. Other changes to in force										
(Net)		(63,462)	ļ						0	(63,462)
23. In force December 31				(a)						
of current year	22	57,103	0	0	0	0	0	0	22	57,103
a) Includes Individual Credit L					rrent year \$					
Includes Group Credit Life	Insurance: L	oans less than o			prior year \$		curr	ent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREA	TER THAN 1	20 MONTHS, prid	or year \$			year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	500,018	529,899		335,734	339,099
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	255	249		152	153
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
[25.5 All otner (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	255	249	0	152	153
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	500,273	530,148	0	335,886	,
(b) For health business on indicated lines report: Number of pers	ons insured under PPC	managed care produ	cts1,46	9 and number of per	sons insured under

24.ID



DIRECT BUSINESS IN THE STATE OF Illinois

LIFE INSURANCE

DURING THE YEAR 2009

NAIC G	Group Code 0119	LIFE	INSURANC	E	NAIC Company (Code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	252,249				252,249
2.	Annuity considerations	176,204				176,204
3.	Deposit-type contract funds		XXX		XXX	٥
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	428,453	0	0	0	428,453
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit	.				750
	6.2 Applied to pay renewal premiums	1,790				1,790
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	. 8 , 300				8,300
	6.4 Other	343	ļ			343
	6.5 Totals (Sum of Lines 6.1 to 6.4)	. 11 , 183	ļ0 ļ	0	0	11 , 183
	Annuities:	040				040
	7.1 Paid in cash or left on deposit	.				
	7.2 Applied to provide paid-up annuities					0
	7.3 Other	C4C	ļ			0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	010	⁰		^U	010
8.	Grand Totals (Lines 6.5 + 7.4) DIRECT CLAIMS AND BENEFITS PAID	11,800	U	U	0	11,800
_		007 000				007 000
9.	Death benefits	207,392	ļ			267,392
10.	Matured endowments	32,011	ll			32,611
11.	Annuity benefits Surrender values and withdrawals for life contracts	3,000	 			3,060
	Aggregate write-ins for miscellaneous direct claims and					579,377
13.	benefits paid	204	ا ۱	0	ا ۱	204
14	All other benefits, except accident and health	Z04	⁰	⁰	^U	204 N
	Totals	882.644	0		0	882.644
- 10.	DETAILS OF WRITE-INS	002,044	· ·	0		002,044
1301	Coupons paid	201				201
1307.	Coupons paru.	204				204
1302.						
	Summary of Line 13 from overflow page	·	1	0	0	
1399	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	204	tn t	h	₀ l	204
1000.	Totals (Lines 1001 tilla 1000 plas 1000) (Line 10 above)	204	· · · · · · · · · · · · · · · · · · ·	0	0	204

				edit Life						
	Oı	rdinary	(Group a	ind Individual)		Group	Inc	dustrial		Γotal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols. &	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	2	55,232	0	0	0	0	0	0	2	55,232
17. Incurred during current										
year	34	268,720							34	268,720
Settled during current										
year:										
18.1 By payment in full	32	300,003							32	300,003
18.2 By payment on										
compromised claims									0	C
18.3 Totals paid	32	300,003	0	0	0	ļ0	0	0	32	300 , 003
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected										
18.6 Total settlements	32	300,003	0	0	0	0	0	0	32	300,003
19. Unpaid Dec. 31, current										
year (16+17-18.6)	4	23,950	0	0	0	0	0	0	4	23,950
POLICY EXHIBIT					No. of Policies					
20. In force December 31,			l	(a)					I	
prior year	1,739	35,688,109	0	0	0	L0	0	0	1,739	35,688,109
21. Issued during year	3	231,023							3	231,023
22. Other changes to in force									I	
(Net)	(109)	(3,344,842)							(109)	(3,344,842
23. In force December 31	` ′	, , , ,	1	(a)					` ′[, , ,
of current year	1,633	32,574,290	0	0	0	0	0	0	1,633	32,574,290
a) Includes Individual Credit L					rrent year \$					
Includes Group Credit Life I			r equal to 60	months at issue,			curr	ent year \$		
Loans greater than 60 mon	ths at issue l	BUT NOT GREAT	TER THAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	27,808,968	29,470,869		18,672,161	18,859,323
24.1 Federal Employees Health Benefits Program premium (b)					
24.2Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2Guaranteed renewable (b)	1,682,901	1,640,086		1,004,671	1,006,136
25.3 Non-renewable for stated reasons only (b)	456	456		3,461	3,461
25.4 Other accident only				,	
[23.3All Other (b)	L	L			
25.6 Totals (sum of Lines 25.1 to 25.5)	1,683,357	1,640,542	L0	1,008,132	1,009,597
	29,492,325	31,111,411	0	19,680,293	19,868,920



DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2009

2. An 3. De 4. Ott	up Code 0119 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS fe insurance	1	INSURANCI 2 Credit Life (Group	E ₃ ⊤	NAIC Company	
2. An 3. De 4. Oth	AND ANNUITY CONSIDERATIONS	1	2	3	4	
2. An 3. De 4. Ott		0 "	i creditilite (Group I	-	4	5
2. An 3. De 4. Ott	fe insurance	Ordinary	and Individual)	Group	Industrial	Total
2. An 3. De 4. Ott		248 . 125	<u> </u>			248.125
3. De 4. Otl	nnuity considerations	33.205				
4. Otl	eposit-type contract funds				V/V/V	0
5. To	ther considerations					0
	otals (Sum of Lines 1 to 4)	281.330	0	0	0 [281.330
1	DIRECT DIVIDENDS TO POLICYHOLDERS	. ,				
Lif-	fe insurance:					
6.1	1 Paid in cash or left on deposit	1.149				1.149
6.2	2 Applied to pay renewal premiums	842				842
6.3	3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	13 352				13 352
6.4	4 Other					0
6.5	5 Totals (Sum of Lines 6.1 to 6.4)	15 344	0	0	0	15.344
Ar	nnuities:					
	1 Paid in cash or left on deposit					0
7.2	2 Applied to provide paid-up annuities					0
7.3	3 Other					0
74	4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0
8. Gr	rand Totals (Lines 6.5 + 7.4)	15,344	0	0	0	15,344
	DIRECT CLAIMS AND BENEFITS PAID	10,011	, i	•		,
9. De	eath benefits	204 323				204.323
10. Ma	atured endowments	16 448				
11. An	nnuity benefits	7 351	i i			7.351
12. Su	urrender values and withdrawals for life contracts	249 480				249.480
13. Ag	agregate write-ins for miscellaneous direct claims and					
	benefits paid	778	0	0	0	778
14. All	I other benefits, except accident and health					0
15. To		478,380	0	0	0	478,380
DE	ETAILS OF WRITE-INS	-,	-	-	-	- 1,000
	pupons paid	778				778
1302.						
	ummary of Line 13 from overflow page				^ T	0
1399. To	otals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	778	h	n l	n h	

	Or	dinary		edit Life ind Individual)	(Group	Inc	dustrial		otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,	110.	7 unount	Or. Ourulo.	7 unount	OUTUIO.	ranount	110.	741104110	110.	741104110
prior year	0	19,874	۱ ،	٨	n	ا ۱	٥	0	٥	19.87
17. Incurred during current	····················· -	13,074		L					-	13,07
year	10	228.654							10	228.65
Settled during current		220,004								220,00
year:										
18.1 By payment in full	20	220 771							20	220.77
18.2 By payment on										
compromised claims									0	
18.3 Totals paid	20	220.771	0	0	0	0	0	0	20	220.77
18.4 Reduction by compromise									0	
18.5 Amount rejected			l						0 L	
18.6 Total settlements	20	220,771	0	0	0	0 L	0	0	20	220,77
19. Unpaid Dec. 31, current										
year (16+17-18.6)	(1)	27,757	0	0	0	0	0	0	(1)	27,75
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	1,108	34,386,430	0	0	0	0	0	0	1,108	34 , 386 , 43
21. Issued during year	2	170,009							2	170,009
22. Other changes to in force										
(Net)	(80)	(2,461,461)							(80)	(2,461,46
23. In force December 31				(a)						
of current year	1,030	32,094,978	0	0	0	0	0	0	1,030	32,094,97
a) Includes Individual Credit Li										
Includes Group Credit Life I	nsurance: L ths at issue E			months at issue,	prior year \$		curr	ent year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		l	Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	8,426,938	8,930,543		5,658,216	5,714,932
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					l
25.2 Guaranteed renewable (b)		2,766		1,695	1,697
25.3 Non-renewable for stated reasons only (b)	1,086	1,086		8,239	8,239
25.4 Other accident only	,	,		,	
25.5 All other (b)					
25.6Totals (sum of Lines 25.1 to 25.5)	3,925	3,852	L0	9,934	9,936
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,430,863	8,934,395	0	5,668,150	5,724,868

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____31,474 and number of persons insured under

Indemnity only products



DIRECT BUSINESS IN THE STATE OF lowa

LIFE INSURANCE

DURING THE YEAR 2009

NAIC (Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	20,913				20,913
2.	Annuity considerations	8,932				8,932
	Deposit-type contract funds		XXX		XXX	0
4.						0
5.	Totals (Sum of Lines 1 to 4)	29,845	0	0	0	29,845
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	1,833	ļ			1,833
	6.4 Other		ļ			0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	1,833	ļ0 ļ.	J.	l	1,833
	Annuities:					0
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other	Λ	ļ			U
	7.4 Totals (Sum of Lines 7.1 to 7.3)	1.833	ال	J.	V	1 022
0.	Grand Totals (Lines 6.5 + 7.4) DIRECT CLAIMS AND BENEFITS PAID	1,833	U	0	U	1,833
		0				0
10	Death benefits	U				U
10.	Matured endowments	U				9.255
12	Annuity benefits	5.894				5.894
	Aggregate write-ins for miscellaneous direct claims and					
15.	benefits paid	117	ا ۱	0	0	117
14	All other benefits, except accident and health		⁰			
15	Totals	15.265	0	0	0	15.265
—	DETAILS OF WRITE-INS	10,200	<u> </u>	•	· · · · · · · · · · · · · · · · · · ·	10,200
1301	Coupons paid	117			1	117
1302	ooupono paru					
1303						
1398	Summary of Line 13 from overflow page	<u> </u>	n 1	n 1	n 1	n
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	117	h			117

				edit Life						
	0	rdinary	(Group a	nd Individual)		Group	Inc	dustrial		Total
	1 1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	1,711	0	0	0	0	0	0	0	1,711
17. Incurred during current			l							
year	(1)	697							(1)	697
Settled during current	·									
year:										
18.1 By payment in full	L0	0							0	(
18.2 By payment on										
compromised claims									0	(
18.3 Totals paid	0	0	0	0	0	0	0	0	0	(
18.4 Reduction by										
compromise									0	(
18.5 Amount rejected									0	(
18.6 Total settlements	0	0	0	0	0	0	0	0	0	(
19. Unpaid Dec. 31, current										
year (16+17-18.6)	(1)	2,408	0	0	0	0	0	0	(1)	2,408
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	137	2,501,371	0	0	0	0	0	0	137	2,501,371
21. Issued during year									0 	(
22. Other changes to in force										
(Net)									0	(
23. In force December 31				(a)						
of current year	137	2,501,371	0	0	0	0	0	0	137	2,501,371
a) Includes Individual Credit L	ife Insurance	e: prior year \$		cu	rrent year \$				•	

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	248,790	263,658		167,048	168,723
24. Tederal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	28,562	27,835		17,051	17,076
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	28,562	27,835	0	17,051	17,076
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	277,352	291,493	0	184,099	185,799

Indemnity only products _____250



DIRECT BUSINESS IN THE STATE OF Kansas

LIFE INSURANCE

DURING THE YEAR 2009

NAIC (Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	4,521				4,521
2.	Annuity considerations	1,161				1,161
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					٥
5.	Totals (Sum of Lines 1 to 4)	5,682	0	0	0	5,682
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
	6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4)	ļ				U
	Annuities: 7.1 Paid in cash or left on deposit		U			0
	7.2 Applied to provide paid-up annuities					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	[0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					-
9.	Death benefits	21,591				21,591
10.	Matured endowments	0				0
11.	Annuity benefits	4 000				U
12.	Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and	4,836				4,836
13.	benefits paid	2	_	0	0	2
14	All other benefits, except accident and health	١	ا لا	······································	l	ر ۱
	Totals	26.430	h	n	n	26.430
10.	DETAILS OF WRITE-INS	20,400	· · · · · · · · · · · · · · · · · · ·	0	0	20,400
1301.	Coupons paid	3				3
1302.						
1303.			ļ			
1398.	Summary of Line 13 from overflow page	ļ <u>0</u>	0	ō ŀ		0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	3	0	0	0	3

				edit Life						
	Oı	rdinary	(Group a	ind Individual)		Group	Inc	lustrial		otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	161	0	0	o l	0	0	0	0	161
17. Incurred during current										
year	1	21,674	L						1 L	21,674
Settled during current										
year:										
18.1 By payment in full	1	21,591							1 L	21,591
18 2 By payment on										
compromised claims									0	0
18.3 Totals paid	1	21,591	0	0	0 l	0	0	0	1 L	21,591
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected			l						0	0
18.6 Total settlements	1	21,591	0	0	0	0	0	0	1	21,591
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	244	0	0	0	0	0	0	0	244
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	39	352,512	0	0		0	0	0	39	352,512
21. Issued during year		16,627								16,627
22. Other changes to in force										
(Net)	(8)	(240,731)							(8)	(240,731
23. In force December 31				(a)						
of current year	31	128,408	0	0	0	0	0	0	31	128,408
a) Includes Individual Credit Li					rrent year \$					
Includes Group Credit Life I								ent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREAT	TER THAN 1	20 MONTHS, price	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	L3,410,173	L3,613,969		2,289,739	2,312,691
24.1 Federal Employees Health Benefits Program premium (b)	L	L		L	
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	453,299	441,767		270,614	271,009
25.3 Non-renewable for stated reasons only (b)	658	658		4,991	4,991
25.4 Other accident only				,	,
25.5All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	453,957	442,425	L0	275,605	276,000
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,864,130	4,056,394	0	2,565,344	2,588,691

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______13,188 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2009

NAIC (Group Code 0119		IIIOUIAIIC	<i>_</i>	NAIC Company	Code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	54.058	,			54.058
2.	Annuity considerations	21,754				21.754
3.	Deposit-type contract funds	, ,	XXX		1/1/1/	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	75,812	0	0	0	75,812
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit	158				158
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the		i i			
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	158	0	L0 L	0	158
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	L0 L	0	0
8.	7.4 Totals (Sum of Lines 7.1 to 7.3)	158	0	0	0	158
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	82,536	[82,536
10.	Matured endowments	0				0
11.	Annuity benefits	12,645				12,645
12.	Surrender values and withdrawals for life contracts	61,823				61,823
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	157,004	0	0	0	157,004
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page	0	<u>[0</u>	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	Or	dinary		edit Life ınd Individual)	(Group	Inc	dustrial	Т	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
	1	17,681	0	0	0	0	0	0	1	17.68
17. Incurred during current										, , , ,
year	6	68.620							6	68.62
Settled during current										
year:										
18.1 By payment in full	5	82,536	l			İ			5	82,53
18.2 By payment on		,							ı	,
compromised claims									0	
18.3 Totals paid	5	82,536	0	0	0	L0	0	0	5	
18.4 Reduction by compromise									0	
18.5 Amount rejected									0 [
18.6 Total settlements	5	82,536	0	0	0	0	0	0	5	
19. Unpaid Dec. 31, current										
year (16+17-18.6)	2	3,765	0	0	0	0	0	0	2	3,76
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)					- 1	
prior year	291	5,377,349	0	0	0	ļ0 ļ	0	0	291	5 , 377 , 34
21. Issued during year	1	63,558							1	63,55
22. Other changes to in force										
(Net)	(30)	(920, 224)							(30)	(920,22
23. In force December 31	200	4 500 000		(a)			•		200	4 500 00
of current year	262	4,520,683	0	0	0	0	0	0	262	4,520,68
) Includes Individual Credit Life										
Includes Group Credit Life In Loans greater than 60 mont							curr	ent year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	12,680	12,358		7 , 570	7,581
25.3 Non-renewable for stated reasons only (b)	L1, 171	1,171		8,886	8,886
25.4 Other accident only					
25.5All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	13,851	13,529	0	16,456	16,467
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,851	13,529	0	16,456	16,467

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2009

טוויגבט	1 BOSINESS IN THE STATE OF LOUISIANA		DURING THE T	DURING THE YEAR 2009		
NAIC G	Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580
	DIRECT PREMIUMS	1	2 Cradit Life (Cray)	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance					29.010
2	Annuity considerations	4 379				
	Deposit-type contract funds		XXX		ХХХ	1,070
4	Other considerations					
5	Totals (Sum of Lines 1 to 4)	33.389	0	0 1	0 1	33.389
	DIRECT DIVIDENDS TO POLICYHOLDERS	00,000	0			00,000
	Life insurance:				-	
					-	٥
	6.1 Paid in cash or left on deposit					
	6.3 Applied to provide paid-up additions or shorten the					0
	endowment or premium-paying period					0
	6.4 Other		ļ			U
	6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4)	ļ	<u> </u>			U
	Annuities:	0	<u> </u>	l	}-	U
				1	-	0
	7.1 Paid in cash or left on deposit		<u></u>			U
	7.2 Applied to provide paid-up annuities		····			
	7.3 Other	ļ	l			
	7.4 Totals (Sum of Lines 7.1 to 7.3)	J	<u> </u>	<u>0</u>	0 -	U
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID	5 000				5 000
	Death benefits					5,000
	Matured endowments					0
11.	Annuity benefits	4,130				4 , 130
12.	Surrender values and withdrawals for life contracts	14,409	ļ			14,409
13.	Aggregate write-ins for miscellaneous direct claims and					_
l	benefits paid	ļ0	ļ0 <u> </u>	0	0	0
14.	All other benefits, except accident and health		ļ			0
15.	Totals	23,539	0	0	0	23,539
	DETAILS OF WRITE-INS					
1301.						
1302.			ļ			
1303.			[
1398.	Summary of Line 13 from overflow page	0	<u> </u> 0	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	Oı	rdinary	(Group a	edit Life and Individual)		Group		ustrial		otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	1,742	0	0	0	0	0	0	0	1.742
17. Incurred during current										
year	0	5.766							0	5.766
Settled during current										
year:									- 1	
18.1 By payment in full	0	5.000		İ					0	5.000
18.2 By payment on			l		Ī					
compromised claims									0	0
18.3 Totals paid	0	5.000	0	0	0	0	0	0	0	5.000
18.4 Reduction by										
compromise			<u> </u>		l				0	0
18.5 Amount rejected			L		l				0 L	0
18.6 Total settlements	0	5,000	0	0	0	0	0	0	0	5,000
19. Unpaid Dec. 31, current									i	
year (16+17-18.6)	0	2,508	0	0	0	0	0	0	0	2,508
					No. of					
POLICY EXHIBIT					Policies				- 1	
20. In force December 31,				(a)						
prior year	109	2,894,464	0	0	0	0	0	0	109	2,894,464
21. Issued during year		3,850								3,850
22. Other changes to in force	(4)								(0)	
(Net)	(2)	(55,747)							(2)	(55,747)
23. In force December 31		0 040		(a)				_		0.040
of current year	107	2,842,567	0	0	0	0	0	0	107	2,842,567
a) Includes Individual Credit L	ite Insurance	e: prior year \$		cu	rrent year \$					
Includes Group Credit Life I	Insurance: L	oans less than o	r equal to 60	months at issue,	prior year \$			ent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREA	TER THAN 1	20 MONTHS, pri	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	7,686,560	8,145,918		5,161,093	5,212,826
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	909,500	886,361		542,960	543,752
25.3 Non-renewable for stated reasons only (b)	319	319		2,423	2.423
25.4 Other accident only				,	
25.5All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	909,819		0	545,383	546, 175
	8,596,379	9,032,598	0	5,706,476	5,759,001



DIRECT BUSINESS IN THE STATE OF Maine

LIFE INSURANCE

DURING THE YEAR 2009

NAIC (Group Code 0119	LIFE	INSURANC	LIFE INSURANCE NAIC Company Code 7058							
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5					
		Ordinary	and Individual)	Group	Industrial	Total					
1.	Life insurance	3,284				3,284					
2.	Annuity considerations	2,218	<u> </u>			2,218					
3.	Deposit-type contract funds		XXX		XXXL	0					
4.	Other considerations					0					
5.	Totals (Sum of Lines 1 to 4)	5,502	0	0	0	5,502					
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:										
	6.1 Paid in cash or left on deposit					0					
	6.2 Applied to pay renewal premiums					0					
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					 0					
	6.4 Other					0 0					
	6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0					
	Annuities:										
	7.1 Paid in cash or left on deposit			i		0					
	7.2 Applied to provide paid-up annuities					0					
	7.3 Other					0					
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0					
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0					
	DIRECT CLAIMS AND BENEFITS PAID										
9.	Death benefits	0	<u> </u>			0					
10.	Matured endowments	1,000				1,000					
11.	Annuity benefits					0					
12.	Surrender values and withdrawals for life contracts	7 , 150				7 , 150					
13.	Aggregate write-ins for miscellaneous direct claims and	0			0	0					
14	benefits paid	U	^U	^U -	⁻	U					
	All other benefits, except accident and health Totals	8 . 150	l	·····	·····	8. 150					
	DETAILS OF WRITE-INS	0,100	Ů	•	•	0,100					
1301	221/420 01 111412 IIIO					0					
1302.						0					
						0					
1398.	Summary of Line 13 from overflow page		0	0	0 1	0					
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0 [0					

				edit Life						
	Or	rdinary	(Group a	ind Individual)		Group	Inc	lustrial		Γotal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	323	0	0	0	0	0	0	0	323
17. Incurred during current										
year	1	1,227							1	1,227
Settled during current										
year:									l 1	
18.1 By payment in full	1	1,000							1	1,000
18.2 By payment on										
compromised claims									0	0
18.3 Totals paid	1	1,000	0	0	0	0	0	0	1	1,000
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									<u>0</u> -	0
	1	1,000	0	0	0	0	0	0	1 <u> </u> -	1,000
19. Unpaid Dec. 31, current year (16+17-18.6)		550					0	0		550
year (10+17-16.0)	0	550	0	0	No. of	0	0	U	U	550
POLICY EXHIBIT					Policies					
20. In force December 31.					Policies					
prior year	40	250 704		(a)		,	0	0	40	250 704
21 leaved during year	18	359,794	ļ	LU	U		l	0	18	359,794
21. Issued during year 22. Other changes to in force									^D	
(Net)		(11 140)					1		م ا	(11.149
23. In force December 31		(11,149)							⁰	(11,149
of current year	18	349.415		(a)	0	0	0	0	18	349,415
a) Includes Individual Credit L					-	0 1	U	U	10	340,413
Includes Group Credit Life I			r equal to 60		rent year \$			ont voor ¢		
Loans greater than 60 mon								ent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2Guaranteed renewable (b)	627	611		375	375
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	627	611	0	375	375
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	627	611	0	375	375

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2009

D \LO	1 BOSINESS IN THE STATE OF Maryland			DURING THE YEAR 2009			
NAIC G	Group Code 0119	LIFE	INSURANC	E	NAIC Company Code 70580		
	DIRECT PREMIUMS	1	2	3	4	5	
	AND ANNUITY CONSIDERATIONS		Credit Life (Group				
		Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	801,703				801,703	
2.	Annuity considerations	424,050				424,050	
3.	Deposit-type contract funds		XXX		XXX	(
4.	Other considerations					(
5.	Totals (Sum of Lines 1 to 4)	1,225,753	0	0	0	1,225,753	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:		i i				
	6.1 Paid in cash or left on deposit	494				494	
	6.2 Applied to pay renewal premiums					(
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period	360				360	
	6.4 Other					(
	6.5 Totals (Sum of Lines 6.1 to 6.4)	855	0	0	0	85	
	Annuities:						
	7.1 Paid in cash or left on deposit		i i			(
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	(
8.	Grand Totals (Lines 6.5 + 7.4)	855	0 [0	0	85	
	DIRECT CLAIMS AND BENEFITS PAID		<u> </u>				
9.	Death benefits	452.883				452.883	
10.	Matured endowments	0				,	
11.	Annuity benefits	450				45	
12.	Surrender values and withdrawals for life contracts	1.340.876				1.340.870	
13.	Aggregate write-ins for miscellaneous direct claims and						
	benefits paid	0	0	0	0	(
14.	All other benefits, except accident and health						
15.	Totals	1,794,209	0	0	0	1,794,20	
	DETAILS OF WRITE-INS	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	-	,	,,==	
1301.							
1303.							
	Summary of Line 13 from overflow page		0	0	0		
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	n l	" l	0		
.000.	Totale (Enice 7001 tilla 1000 plas 1000) (Enie 10 above)	1 0	0 1	U	U	,	

				edit Life						
L	Or	dinary	(Group a	nd Individual)		Group	Inc	dustrial	Ţ	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols. &	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	2	85,232	0	0	0	0	0	0	2	85,232
17. Incurred during current										
year	24	436,286							24	436 , 286
Settled during current										
year:										
18.1 By payment in full	26	452,883							26	452,883
18.2 By payment on										
compromised claims									0	(
18.3 Totals paid	26	452,883	0	0	0	0	0	0	26	452,883
18.4 Reduction by									I	
compromise									0 [.	C
18.5 Amount rejected [0 L	
18.6 Total settlements	26	452,883	0	0	o l	0	0	0	26	452,883
19. Unpaid Dec. 31, current									I	
year (16+17-18.6)	0	68,635	0	0	0	0	0	0	0	68,635
POLICY EXHIBIT		·			No. of Policies					-
20. In force December 31,				(a)		j			ı	
prior year	3,929	98,836,123	0		0	0	0	0	3,929	98,836,123
21. Issued during year	4	348,751								348,751
22. Other changes to in force									ı	
(Net)	(164)	(5,049,361)							(164)	(5,049,361
23. In force December 31	/ /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(a)					· / [
of current year	3,769	94,135,513		0	0	0	0	0	3,769	94,135,513
a) Includes Individual Credit Li	fe Insurance	: prior year \$		Cu	rent year \$, ,
Includes Group Credit Life I	nsurance: L	oans less than o	r equal to 60	months at issue,	prior year \$		curr	ent year \$		
Loans greater than 60 mon								year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	3,489,681	3,698,229		2,343,125	2,366,612
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3.318	3.234		1.981	1,984
25.3Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b) 25.6 Totals (c) m of Lines 25.1 to 25.5)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,318	3,234	L0	1,981	1,984
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,492,999	3,701,463	0	2,345,106	2,368,596



DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2009

NAIC (Group Code 0119		IIIOUIAIIC	NAIC Company Code 70580		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
	Life insurance					215, 155
2.	Annuity considerations	54,935				54,935
3.	Deposit-type contract funds		XXX		XXX	<u></u> 0
4.	Other considerations					<u> </u> 0
5.	Totals (Sum of Lines 1 to 4)	270,090	0	0	0	270,090
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:			i i		
	6.1 Paid in cash or left on deposit					<u> </u> 0
	6.2 Applied to pay renewal premiums					<u> </u> 0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	128				128
	6.4 Other					<u> </u> 0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	128	L0	0	0	128
	Annuities:					
	7.1 Paid in cash or left on deposit					L0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					<u> </u> 0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	<u>[0</u>
8.	7.4 Totals (Sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 + 7.4)	128	0	0	0	128
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	58 , 168	[58,168
10.	Matured endowments		L			L0
11.	Annuity benefits	14 , 184				14,184
12.	Surrender values and withdrawals for life contracts	281,061				281,061
	Aggregate write-ins for miscellaneous direct claims and		l l	i i		İ
	benefits paid	0	<u> </u>	<u> </u>	0	0
14.	All other benefits, except accident and health					0
	Totals	353,413	0	0	0	353,413
	DETAILS OF WRITE-INS					
1301.						
1302.			I I			
1303.						
1398.	Summary of Line 13 from overflow page	0	0	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	O	rdinary	(Group a	edit Life and Individual)		Group	Inc	lustrial		Γotal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols. &	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	1	18,114	0	0	0	0	0	0	1	18,114
17. Incurred during current										
year	2	54,880							2	54,880
Settled during current										
year: 18.1 By payment in full	3	58 , 168							3	58 , 168
18.2 By payment on										
compromised claims									0	0
18.3 Totals paid	3	58,168	0	0	0	0	0	0	3	58 , 168
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	58 , 168	0	0	0	0	0	0	3	58 , 168
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	14,825	0	0	0	0	0	0	0	14,825
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)					l 1	
prior year	689	23,124,877	0	0	0	0	0	0	689	23 , 124 , 877
21. Issued during year	1	44,794		ļ					1	44,794
22. Other changes to in force										
(Net)	(21)	(648,542)							(21)	(648,542)
23. In force December 31	200	00 504 400		(a)						00 504 400
of current year	669	22,521,129	0	0	0	0	0	0	669	22,521,129
a) Includes Individual Credit L				cu	rrent year \$					
Includes Group Credit Life								ent year \$		
Loans greater than 60 mon	tns at issue	BUT NOT GREA	IER IHAN 1	20 MONTHS, pric	oryear \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	145,014	153,681		97,369	98,345
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1Non-cancelable (b)					
25.2Guaranteed renewable (b)	1,3/5	L1,340		821	822
25.3Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,375	1,340	0	821	822
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	146,389	155,021	0	98,190	99,167

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______141 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Michigan

LIFE INSURANCE

DURING THE YEAR 2009

NAIC C	Group Code 0119	LIFE INSURANCE NAIC Company Code 7							
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5			
		Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance	411,432				411,432			
2.	Annuity considerations	92,949				92,949			
3.	Deposit-type contract funds		XXX		XXX	0			
4.	Other considerations					0			
5.	Totals (Sum of Lines 1 to 4)	504,381	0	0	0	504,381			
	DIRECT DIVIDENDS TO POLICYHOLDERS								
	Life insurance:								
	6.1 Paid in cash or left on deposit	2,602				2,602			
	6.2 Applied to pay renewal premiums	533				533			
	6.3 Applied to provide paid-up additions or shorten the								
	endowment or premium-paying period	15,732				15,732			
	6.4 Other		ļ			0			
	6.5 Totals (Sum of Lines 6.1 to 6.4)	18,866	ļ0 ļ	0	0	18,866			
	Annuities:								
	7.1 Paid in cash or left on deposit	0				0			
	7.2 Applied to provide paid-up annuities					0			
	7.3 Other					0			
	7.4 Totals (Sum of Lines 7.1 to 7.3)		<u>0</u> -	0	0	0			
8.	Grand Totals (Lines 6.5 + 7.4)	18,866	0	0	0	18,866			
	DIRECT CLAIMS AND BENEFITS PAID								
9.	Death benefits	305,724							
10.	Matured endowments	19,000				19,000			
11.	Annuity benefits								
	Surrender values and withdrawals for life contracts	695,789				695,789			
13.	Aggregate write-ins for miscellaneous direct claims and	200			.	200			
1 44	benefits paid		^U		l	290			
	All other benefits, except accident and health	1 005 050				1 00F 0F0			
15.	Totals	1,095,650	U	U	0	1,095,650			
1,004	DETAILS OF WRITE-INS	000				000			
1301.	Coupons paid	290				290			
1302.									
1303.									
1398.	Summary of Line 13 from overflow page	<u> </u>	₀ -	<u>0</u>	ŏ ŀ	0			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	290	0	0	0	290			

				edit Life						
L	Oı	rdinary	(Group a	ind Individual)		Group		dustrial		Γotal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2	No. of Ind. Pols.	4	5 No. of Certifs.	6	7	8	9	10
	NO.	Amount	Gr. Certifs.	Amount	Certiis.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	47,594	0	0	0	0	0	0	1	47.594
17. Incurred during current										
year	29	316.229							29	316,229
Settled during current										
year:										
18.1 By payment in full	27	324,724							27	324,724
18.2 By payment on									l i	
compromised claims									0	
18.3 Totals paid	27	324,724	0	0	0	0	0	0	27	324,72
18.4 Reduction by										
compromise 18.5 Amount rejected									ا ۱	
	27	324,724	0	ا	Λ	Λ	Λ	Λ	27	224 72
19. Unpaid Dec. 31, current	21	324,724		0	0	⁰	0	0	² '	324,72
year (16+17-18.6)	3	39.100	0	0	0	0	0	0	3	39,10
POLICY EXHIBIT			•		No. of Policies					
20. In force December 31.				(a)	1 0110100				1	
prior year	2 704	47 277 406	n	(a) 0	0	0	n	0	2 704	47 , 277 , 40
21. Issued during year	2,704	250,060		i				0	2,704	250,06
22. Other changes to in force		230,000							t l	200,00
(Net)	(118)	(3,620,468)							(118)	(3,620.46
23. In force December 31		(3,020,100)		(a)					1	(3,020,10
of current year	2,589	43,906,998	0		0	0	0	0	2,589	43,906,99
a) Includes Individual Credit Li					rent year \$					
Includes Group Credit Life I								rent year \$		
Loans greater than 60 mont	ths at issue l	BUT NOT GREAT	TER THAN 1	20 MONTHS, price	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

AGGIDEI		AL 111 1140C			
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)		13,019,454		8,248,869	8,331,552
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)	-				
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	_				
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	491,838	479,325		293,621	294,050
25.3 Non-renewable for stated reasons only (b)	613	613		4,646	4,646
25.4 Other accident only				,	
25.5All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	492,451	479,938	0	298,267	298,696
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12.777.721	13.499.392	0	8.547.136	8.630.248

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products..........34,475 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0119	LIFE INSURANCE NAIC Company Code							
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5			
		Ordinary	and Individual)	Group	Industrial	Total			
1.	Life insurance	121,143				121,143			
	Annuity considerations					6,213			
	Deposit-type contract funds		XXX		XXX	0			
4.	Other considerations					0			
5.	Totals (Sum of Lines 1 to 4)	127,357	0	0	0	127,357			
	DIRECT DIVIDENDS TO POLICYHOLDERS								
	Life insurance:					4 040			
	6.1 Paid in cash or left on deposit	1,912				1,912			
	6.2 Applied to pay renewal premiums	0				0			
	6.3 Applied to provide paid-up additions or shorten the	F 00.5				5 005			
	endowment or premium-paying period	5,295				5,295			
	6.4 Other	7 000	ł			7 200			
	6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities:	/ ,208	^U	^U	V				
						0			
	7.1 Paid in cash or left on deposit								
	7.3 Other								
	7.4 Totals (Sum of Lines 7.1 to 7.3)	h	0	0	·····				
8	Grand Totals (Lines 6.5 + 7.4)	7.208	l		ñ l	7.208			
	DIRECT CLAIMS AND BENEFITS PAID	7,200	0	· · ·		7,200			
9.	Death benefits	73 272				73 272			
10.	Matured endowments	7 500				7 500			
11.	Annuity benefits	9.158	1 1			9.158			
12.	Surrender values and withdrawals for life contracts	103.397				103.397			
	Aggregate write-ins for miscellaneous direct claims and								
	benefits paid	1,062	0	0	0	1,062			
14.	All other benefits, except accident and health					0			
15.	Totals	194,389	0	0	0	194,389			
	DETAILS OF WRITE-INS								
1301.	Coupons paid	1,062				1,062			
1302.									
1303.									
1398.	Summary of Line 13 from overflow page	<u> </u>	⁰	0	0	0			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	1,062	0	0	0	1,062			

				edit Life						
	Or	dinary	(Group a	ind Individual)	(Group	Inc	dustrial	Ţ	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,		7 1110 0110	011 00111101	7 1110 0110	00.10.	7 1110 1111		7 1110 0110		7 11110 1111
	0	6,621	0	0	0	ا ۱	0	0	0	6.62
17. Incurred during current										
year	8	83 602							8	83.60
Settled during current		30,002								
year:										
18.1 By payment in full	8	80.772							8	80.77
18.2 By payment on										
compromised claims									0	
18.3 Totals paid	8		0	0	0	0	0	0	8	80,77
18.4 Reduction by		,								,
compromise									0	
18.5 Amount rejected			l						0	
18.6 Total settlements	8	80,772	0	0	0	L0	0	0	8	80,77
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	9,452	0	0	0	0	0	0	0	9,45
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	699	11,502,880	 _0	0	0	0	0	0	699	11,502,88
21. Issued during year	1	62,200							ļ1 ļ .	62,20
22. Other changes to in force										
(Net)	(29)	(900,553)							(29)	(900,55
23. In force December 31				(a)						
of current year	671	10,664,527	0		0	0	0	0	671	10,664,52
a) Includes Individual Credit Li					rrent year \$					
Includes Group Credit Life I								rent year \$		
Loans greater than 60 mont	ths at issue l	BUT NOT GREAT	TER THAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDEN	ACCIDENT AND HEALTH INCONANCE											
	1	2	3	4	5							
			Dividends Paid or									
		Direct Premiums	Credited On Direct		Direct Losses							
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24. Group policies (b)		3,456,834		2,190,182	2,212,135							
24.1Federal Employees Health Benefits Program premium (b)												
24.2 Credit (Group and Individual)	-											
24.3 Collectively Renewable policies (b)												
24.4 Medicare Title XVIII exempt from state taxes or fees	_											
Other Individual Policies:												
25.1Non-cancelable (b)												
25.2Guaranteed renewable (b)	1,984	1,934		1,184	1,186							
25.3 Non-renewable for stated reasons only (b)		299		2,268	2,268							
25.4 Other accident only				,								
25.5 All other (b)												
25.6 Totals (sum of Lines 25.1 to 25.5)	2,283	2,233	0	3,452	3,454							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,264,181	3,459,067	0	2,193,634	2,215,589							

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 9,396 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2009

NAIC (Group Code 0119		IIIOUIAII	NAIC Compan	y Code 70580	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	23,968				23,968
2.	Annuity considerations	4.899				4,899
3.	Deposit-type contract funds		XXX		XXX	<u> </u> 0
4.	Other considerations					<u> </u> 0
5.	Totals (Sum of Lines 1 to 4)	28,867	0	0	0	28,867
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:		İ	i i		
	6.1 Paid in cash or left on deposit					<u> </u> 0
	6.2 Applied to pay renewal premiums					<u> </u> 0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	0				00
	6.4 Other					<u> </u> 0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0 	<u> </u>	0	<u> </u> 0
	Annuities:					
	7.1 Paid in cash or left on deposit					00
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0 I	<u>[</u>	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					22,680
10.	Matured endowments					<u> </u> 0
11.	Annuity benefits	0				0
12.	Surrender values and withdrawals for life contracts	75,052				75,052
13.	Aggregate write-ins for miscellaneous direct claims and		l l			
	benefits paid	0	0	0	0	0
	All other benefits, except accident and health			[<u> </u> 0
15.	Totals	97,732	0	0	0	97,732
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page	0	0	<u> </u>	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

	Oı	rdinary		edit Life nd Individual)	(Group	Ind	ustrial	Ţ	otal
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	1,239	0	0	0	0	0	0	0	1,239
17. Incurred during current									ı	
year	1	23,238							1	23,238
Settled during current									ı	
year: 18.1 By payment in full 18.2 By payment on	1	22,680							1	22,680
* * * * * * * * * * * * * * * * * * * *									0	0
	1	22.680				·····			······································	22 680
18.4 Reduction by compromise				0		0				22,000
40 = 4									n	٥
18.6 Total settlements	1	22,680	0	0	0	n	0	n	1	22.680
19. Unpaid Dec. 31, current	'			0					'	ZZ,000
year (16+17-18.6)	0	1.797	0	0	0	0	0	0	0	1.797
POLICY EXHIBIT	·	.,		•	No. of Policies	•		-		.,
20. In force December 31,				(a)					ı	
prior year	32	799.071	0	0	0	0	0	0	32	799.071
21. Issued during year		17,465							0	17 . 465
22. Other changes to in force			l							, 100
(Net)	(8)	(252,868)							(8)	(252,868
23. In force December 31				(a)						
of current year	24	563,668	0	0	0	0	0	0	24	563,668
a) Includes Individual Credit Li										
Includes Group Credit Life I			r equal to 60	months at issue,			curre	ent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREAT	TER THAN 1	20 MONTHS, pric	or vear \$			/ear \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	2	1	5
	'	4	Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Disa et Deservices			Discoult access Bailet	
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	2,220,965	2,353,693		1,491,253	1,506,201
24.1 Federal Employees Health Benefits Program premium (b)		L	[[L
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2Guaranteed renewable (b)	465,329	453,490		277,796	278,201
25.3 Non-renewable for stated reasons only (b)	1,965	1,965		14,908	14,908
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	467, 294	455,455	0	292,704	293,109
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,688,259	2,809,148	0	1,783,957	1,799,310

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _______9,245 and number of persons insured under

Indemnity only products



DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2009

DIRECT BUSINESS IN THE STATE OF MISSOURI				DURING THE YEAR 2009		
NAIC Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5	
7.1.2.7.1.1.0.1.1.00.1.0.1.0	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	26,815				26,815	
Annuity considerations	L12,350	LL.			12,350	
Deposit-type contract funds		XXX		XXX		
Other considerations		l			,	
5. Totals (Sum of Lines 1 to 4)	39,166	0	0	0	39,160	
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:		1 1		İ		
6.1 Paid in cash or left on deposit		l				
6.2 Applied to pay renewal premiums		l				
6.3 Applied to provide paid-up additions or shorten the		1 1		İ		
endowment or premium-paying period	1,617	l			1,61	
6.4 Other		1			<u> </u>	
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,617	0 L	0 L	0 L	1,61	
Annuities:		1 1				
7.1 Paid in cash or left on deposit	1	l				
7.2 Applied to provide paid-up annuities		l				
7.3 Other		l				
7.4 Totals (Sum of Lines 7.1 to 7.3)	1	1 0 1	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	1,619	0	0	0	1,61	
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits	500				50	
10. Matured endowments	_ L1 , 000	ll.	I		1,00	
11. Annuity benefits	929	LL.			92	
Surrender values and withdrawals for life contracts	55,201				55,20	
 Aggregate write-ins for miscellaneous direct claims and 		1 1				
benefits paid	5	L0 L.	0	0		
14. All other benefits, except accident and health						
15. Totals	57,635	0	0	0	57,63	
DETAILS OF WRITE-INS						
1301. Coupons paid	5					
1302.						
l 1303.		l				
1398. Summary of Line 13 from overflow page	0	0	0	0 <u> </u> _		
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	5	0	0	0	;	

	_			edit Life					_	
	0	rdinary	<u> </u>	nd Individual)		Group	Inc	lustrial		otal
DIRECT DEATH	1	2	3 No. of	4	5	6	7	8	9	10
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			111u. Pois. &		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	1,476	0	0	0	0	0	0	0	1,476
17. Incurred during current										
year	1	2,178							1	2,178
Settled during current										
year:										
18.1 By payment in full	1	1,500							1	
18.2 By payment on										
compromised claims									0	0
	1	1,500	0	0	0	0	0	0	1	1 , 500
18.4 Reduction by										
compromise			ļ				ļ		0	0
									0 .	0
18.6 Total settlements	1	1,500	0	0	0	0	0	0	 1 -	1,500
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	2,154	0	0	0	0	0	0	0	2,154
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(a)	. 00.00					
prior year	134	2 326 389	0	0	0	0	0	0	134	2 326 389
21. Issued during year		1 155							0	1 155
22. Other changes to in force										, , , , , , , , , , , , , , , , ,
(Net)	(1)	(16,724)							(1)	(16,724
23. In force December 31	· · · · · · · · · · · · · · · · · · ·	, , ,	1	(a)					[
of current year	133	2,310,820		0	0	0	0	0	133	2,310,820
a) Includes Individual Credit L										
Includes Group Credit Life							curr	ent year \$		
Loans greater than 60 mon	ths at issue	BUT NOT GREAT	TER THAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		Dise et Deservices	Dividends Paid or		D:
	Binat Baratan	Direct Premiums	Credited On Direct	Birrat I Brid	Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	8,914,780	9,447,539		5,985,774	6,045,773
24.1Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	307,074			183,319	183,587
25.3 Non-renewable for stated reasons only (b)	583	583		4,425	4,425
25.4 Other accident only	L			<u> </u>	,
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	307,657	299,844	0	187,744	188,012
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,222,437	9,747,383	0	6,173,518	6,233,785

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______33,811 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Montana

LIFE INSURANCE

DURING THE YEAR 2009

NAIC (Group Code 0119	LIFE	INSURANCI	E	NAIC Company Code 70580		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5	
		Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	4,681				4,681	
2.	Annuity considerations	1.052	L			1,052	
3.	Deposit-type contract funds		XXX		XXX	0	
4.	Other considerations		<u> </u>			0	
5.	Totals (Sum of Lines 1 to 4)	5,734	0	0	0	5,734	
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		ļ			0	
	6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4)	ļ	ł			U	
	Annuities: 7.1 Paid in cash or left on deposit					۷	
	7.2 Applied to provide paid-up annuities 7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	<u>[0</u>	L0 L	0 L	0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	0	LL			0	
10.	Matured endowments	1,754	L			1,754	
11.	Annuity benefits	L	<u> </u>			0	
12.	Surrender values and withdrawals for life contracts	9,559	<u> </u>			9,559	
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	
	All other benefits, except accident and health		ļļ			0	
15.	Totals	11,313	0	0	0	11,313	
1301.	DETAILS OF WRITE-INS						
1302.							
1303.		ļ	ļ				
1398.	Summary of Line 13 from overflow page	ļ	} <u>0</u> }	<u>0</u>	ŏ	0	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	

				edit Life						
	0	rdinary	(Group a	ind Individual)		Group	In	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	331	0	0	0	0	0	0	0	331
17. Incurred during current										
year	1	1,898	L						1	1,898
Settled during current		,								
year: 18.1 By payment in full 18.2 By payment on	1	1,754							1	1,754
									0	0
18.3 Totals paid 18.4 Reduction by	1	1,754	0	0	0	0	0	0	1	1 ,754
compromise									0	0
18.5 Amount rejected									0	
18.6 Total settlements	1	1,754	0	0	0	L0	0	0	1	1,754
19. Unpaid Dec. 31, current year (16+17-18.6)	0	475	0	0	0	0	0	0	0	475
DOLLOV EVUIDIT	-				No. of		-			-
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)	_					
prior year	23	104,250	0	0	0	0	0	0	23	104,250
21. Issued during year		1,351								1 , 351
22. Other changes to in force	(4)	(40.550)								/40 550
(Net)	(1)	(19,556)	1						(1)	(19,556
23. In force December 31	00			(a)	_					00.045
of current year	22	86,045	0	0	0	0	0	0	22	86,045
a) Includes Individual Credit Life				Cu	rrent year \$					
Includes Group Credit Life I Loans greater than 60 mon								ent year \$ vear \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1Non-cancelable (b)					
25.2 Guaranteed renewable (b)	339	331		203	203
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	339	331	0	203	203
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	339	331	0	203	203

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2009

NAIC (Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	16,777				16,777
2.	Annuity considerations	5,045				5,045
	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	21,822	0	0	0	21,822
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:					
	6.1 Paid in cash or left on deposit					0
						0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	389				389
	6.4 Other		ļ			0
	6.5 Totals (Sum of Lines 6.1 to 6.4)		L0	0		389
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	<u> </u>	ļ0 ļ	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	389	0	0	0	389
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	ļ0	ļ			0
10.	Matured endowments	1,000				1,000
11.	Annuity benefits	633				633
	Surrender values and withdrawals for life contracts	46,272				46,272
13.	Aggregate write-ins for miscellaneous direct claims and	7	_		,	7
14	benefits paid	} <i>J</i>	^U	V	^U -	
	Totals	47.911		·····		47,911
13.	DETAILS OF WRITE-INS	47,911	U	U	0	47,911
1301	Coupons paid	7				7
1301.	ουμροπο ματα	ļ <i>J</i>				
1302.						
	Summary of Line 13 from overflow page			······	n †	n
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	⁰	ا ۱	⁰ l-		
1000.	Totalo (Elitos 1001 tilla 1000 plas 1000) (Elito 10 above)	ı	0	0	0	

				edit Life						
	O	rdinary	(Group a	ind Individual)	(Group	Inc	dustrial		Γotal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2	No. of Ind. Pols.	4	No. of	6	7	8	9	10
	NO.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	904	0	0	0	0	0	0	0	904
year Settled during current	1	1,375							1	1,375
year: 18.1 By payment in full 18.2 By payment on		1,000							1	1,000
compromised claims	1	1.000	0	0	0	0			0	1.000
18.4 Reduction by									0	
18.5 Amount rejected	1	1.000	1	<u> </u>		}			0	
19. Unpaid Dec. 31, current year (16+17-18.6)	0	1,279	0	0	0	0	0	0	0	1,279
POLICY EXHIBIT 20. In force December 31.					No. of Policies					
prior year21. Issued during year	83	1,436,011	0	(a) 0	0	0	0	0	83	1,436,01
22. Other changes to in force (Net)									0	(11,149
23. In force December 31 of current year	83	1,425,632		(a) 0	0	0	0	0	83	1,425,632
(a) Includes Individual Credit Li Includes Group Credit Life I Loans greater than 60 mon	Insurance: L	oans less than o	r equal to 60	months at issue,				ent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	92 , 190	97,700		61,901	62,521
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2Guaranteed renewable (b)	43,400	L42,295	L	25,909	25,947
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5All other (b)					
25.6Totals (sum of Lines 25.1 to 25.5)	43,400	42,295	L0	25,909	25,947
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	135,590	139,995	0	87,810	88,468



DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2009

DIRECT BUSINESS IN THE STATE OF Nevada	DURING THE YEAR 2008								
NAIC Group Code 0119	LIFE	INSURANCI	E	NAIC Company C	ode 70580				
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5				
	Ordinary	and Individual)	Group	Industrial	Total				
Life insurance	13,387				13,387				
Annuity considerations	1,851	L			1,851				
Deposit-type contract funds		XXX		ХХХ					
Other considerations		L							
5. Totals (Sum of Lines 1 to 4)	15,238	0	0	0	15,238				
DIRECT DIVIDENDS TO POLICYHOLDERS									
Life insurance:									
6.1 Paid in cash or left on deposit		LL			4				
6.2 Applied to pay renewal premiums	46	LL			4				
6.3 Applied to provide paid-up additions or shorten the		l l							
endowment or premium-paying period	549	L			54				
6.4 Other		l							
6.5 Totals (Sum of Lines 6.1 to 6.4)	643	L0 L	0	0	64				
Annuities:		l l							
7.1 Paid in cash or left on deposit		LL							
7.2 Applied to provide paid-up annuities		LL							
7.3 Other		l							
7.4 Totals (Sum of Lines 7.1 to 7.3)	1 0	L0 L	0 L	0 L					
8. Grand Totals (Lines 6.5 + 7.4)	643	0	0	0	64				
DIRECT CLAIMS AND BENEFITS PAID									
9. Death benefits	0	ll		i					
10. Matured endowments	0								
11. Annuity benefits									
12. Surrender values and withdrawals for life contracts	65,423				65,42				
13. Aggregate write-ins for miscellaneous direct claims and					,				
benefits paid	387	L0 L	0	0	38				
14. All other benefits, except accident and health									
15. Totals	65,811	0	0	0	65,81				
DETAILS OF WRITE-INS					•				
1301. Coupons paid	387				38				
1302.									
1303.									
1398. Summary of Line 13 from overflow page	0	0	0	0 L					
1398. Summary of Line 13 from overflow page	387	0	0	0	38				

				edit Life						
	0	rdinary	(Group a	ind Individual)		Group	ln-	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
17. Incurred during current			0	0	0	0	0	0	0	1,080
Settled during current		66							0	66
18.2 By payment on	0	0		<u></u>			ļ 		0	(
compromised claims 18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0 0	(
compromise18.5 Amount rejected				ļ					0 0	
18.6 Total settlements 19. Unpaid Dec. 31, current	0	0	0	0	0	0	0	0	0	
year (16+17-18.6)	0	1,146	0	0	0	0	0	0	0	1,140
POLICY EXHIBIT 20. In force December 31.				(a)	No. of Policies					
prior year21. Issued during year	58		0	0	0	0	0	0	58 0	2,160,382
									0	(
23. In force December 31 of current year	58	2,160,382	0	(a) 0	0	0	0	0	58	2,160,382
(a) Includes Individual Credit L Includes Group Credit Life Loans greater than 60 mon	Insurance: I	Loans less than o	r equal to 60	months at issue,	' ' '			rent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

AUGIDLI		AL 111 1140C	IVAIIOL		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	4,056,817	4,299,258		2,723,925	2,751,229
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1Non-cancelable (b)					
25.2 Guaranteed renewable (b)	L1/1,30Z	107,002		102,301	102,450
25.3 Non-renewable for stated reasons only (b)	215	215		1,630	1,630
25.4 Other accident only				,	,
25.5All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	171,577	167,217	0	103,931	104,080
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,228,394	4,466,475	0	2,827,856	2,855,309

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2009

DIINLOI	BUSINESS IN THE STATE OF New Hampshire			_	DURING THE Y	EAR 2003	
NAIC Gr	oup Code 0119	LIFE	INSURANC	NAIC Company Code 70580			
	DIRECT PREMIUMS	1	2	3	4	5	
	AND ANNUITY CONSIDERATIONS		Credit Life (Group				
		Ordinary	and Individual)	Group	Industrial	Total	
1. [Life insurance	23,974				23,974	
2. /	Annuity considerations	10,433				10,433	
3. [Deposit-type contract funds		XXX		XXX _	0	
4. (Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	34,406	0	0	0	34,406	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
L	Life insurance:		1				
6	6.1 Paid in cash or left on deposit	45				45	
6	6.2 Applied to pay renewal premiums	109				109	
6	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period					0	
l 6	6.4 Other					0	
	6.5 Totals (Sum of Lines 6.1 to 6.4)	154	0	0	0	154	
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
1	7.2 Applied to provide paid-up annuities					0	
-	7.3 Other					0	
1	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0 1	0	0	0	
	Grand Totals (Lines 6.5 + 7.4)	154	n I	0	n I	154	
	DIRECT CLAIMS AND BENEFITS PAID	101	<u> </u>	•	·	101	
9. г	Death benefits	0				0	
	Matured endowments					 0	
11 /	Annuity benefits					 0	
12. 9	Surrender values and withdrawals for life contracts	57 158				57 , 158	
13	Aggregate write-ins for miscellaneous direct claims and						
	benefits paid	0	0	0	0	0	
14. /	All other benefits, except accident and health					0	
15.	Totals	57 . 158	0	0	0	57 , 158	
	DETAILS OF WRITE-INS	0.,.00	<u> </u>		Ů	01,100	
1302							
1302.							
1308	Summary of Line 13 from overflow page	Λ	<u> </u>	·····	n		
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0 N	⁰		h		
1000.	Totals (Lines 1301 tillu 1303 plus 1396) (Line 13 above)		0	0	0 [· ·	

				edit Life						
	0	rdinary	<u> </u>	nd Individual)		Group	Inc	lustrial		Γotal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols. &	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	1,567	0	0	0	0	0	0	0	1,567
17. Incurred during current									l I	
year		438							0	438
Settled during current									l I	
year:										
18.1 By payment in full	0	0							0	(
18.2 By payment on										
compromised claims									0	(
18.3 Totals paid	0	0	0	0	0	0	0	0	0	(
18.4 Reduction by compromise									0	(
18.5 Amount rejected									0	(
18.6 Total settlements	0	0	0	0	0	0	0	0	0	(
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	2,005	0	0	0	0	0	0	0	2,005
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(a)					l i	
prior year	91	3,600,887	0	0	0	0	0	0	91	3.600.887
21. Issued during year									0	(
22. Other changes to in force			Ī						[
(Net)			l						0	(
23. In force December 31			1	(a)						
of current year	91	3,600,887	0	0	0	0	0	0	91	3,600,887
a) Includes Individual Credit L	ife Insurance	e: prior year \$		Cul	rent year \$. ,
Includes Group Credit Life I							curr	ent year \$		
Loans greater than 60 mon								year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1Non-cancelable (b)					
25.2 Guaranteed renewable (b)	430	419		257	257
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	430	419	0	257	257
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	430	419	0	257	257

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under Indemnity only products



DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2009

	DIRECT PREMIUMS				NAIC Company C	ode 70580
	AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	371,068				371,068
2.	Annuity considerations	145 , 112				145, 112
	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	516,179	0	0	0	516,179
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:					
	6.1 Paid in cash or left on deposit	705	1	+		705
	6.2 Applied to pay renewal premiums	1 318				1 318
	6.3 Applied to provide paid-up additions or shorten the	1,010				1,010
	endowment or premium-paying period	3 756				3 756
	6.4 Other					
	6.5 Totals (Sum of Lines 6.1 to 6.4)	5 869	0	·····	0	5 869
	Annuities:					
	7.1 Paid in cash or left on deposit	1 358				1 358
	7.2 Applied to provide paid-up annuities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	1.358	0	0	0	1.358
8.	Grand Totals (Lines 6.5 + 7.4)	7.227	0	0	0	7.227
	DIRECT CLAIMS AND BENEFITS PAID	.,				.,
9.	Death benefits	70 235				70.235
10.	Matured endowments					0,200
11.	Annuity benefits	46 673				46.673
12.	Surrender values and withdrawals for life contracts	343.902				343.902
	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	5.746	0	0	0	5.746
14.	All other benefits, except accident and health	, ,				0
	Totals	466.557	0	0	0	466.557
	DETAILS OF WRITE-INS	,				,
1301.	Coupons paid	5.746				5.746
1303.						
1398.	Summary of Line 13 from overflow page		0 1	0 1	0	0
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	5.746	n I	n I	0	5.746

				edit Life						
	Or	dinary	(Group a	ind Individual)	(Group	Inc	dustrial	Ţ	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
	0	26,358	0	0	0	0	0	0	0	26,35
17. Incurred during current										
year	4	80.887							4	80.88
Settled during current										
year:									- 1	
18.1 By payment in full	4	70,235							4	70,23
18.2 By payment on			ĺ						ı	
compromised claims									0	
10.0 Totals paid	4	70,235	0	0	0	0	0	0	4	70,23
18.4 Reduction by compromise									0	
18.5 Amount rejected									0	
18.6 Total settlements	4	70,235	0	0	0	0	0	0	4	70.23
19. Unpaid Dec. 31, current										,
year (16+17-18.6)	0	37,010	0	0	0	0	0	0	0	37,0
POLICY EXHIBIT		·			No. of Policies					
20. In force December 31,				(a)					1	
prior year	1,231	51,531,516	0	0	0	[0	0	0	1,231	51,531,51
21.Issued during year	1	54,086							1	54,08
22. Other changes to in force								l		
(Net)	(25)	(783,076)							(25)	(783,07
23. In force December 31				(a)						
of current year	1,207	50,802,526	0	0	0	0	0	0	1,207	50,802,52
a) Includes Individual Credit Li					rrent year \$					
Includes Group Credit Life I								ent year \$		
Loans greater than 60 mont	ths at issue E	BUT NOT GREAT	TER THAN 1	20 MONTHS, price	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2Guaranteed renewable (b)	4,968	4,842		2,966	2,970
25.3 Non-renewable for stated reasons only (b)		219		1,663	1,663
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,187	5,061	0	4,629	4,633
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,187	5,061	0	4,629	4,633

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2009

	TO BOSINESS IN THE STATE OF New Mexico	LIFE	INSURANC	F	DURING THE Y		
NAIC (Group Code 0119	LIFE	INSUITANG	L	NAIC Company Code 70580		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5	
		Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	4,201				4,201	
2.	Annuity considerations	1,014				1,014	
3.	Deposit-type contract funds		ХХХ		XXX	0	
4.	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	5,215	0	0	0	5,215	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit		[0	
	6.2 Applied to pay renewal premiums	0	[0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period					0	
	6.4 Other		L			0	
	6.5 Totals (Sum of Lines 6.1 to 6.4)	0	L0 L	0	0	0	
	Annuities:		l l				
	7.1 Paid in cash or left on deposit		L			0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other		[0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	L0 L	0	0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	0	l		i	0	
10.	Matured endowments	500				500	
11.	Annuity benefits		L			0	
12.	Surrender values and withdrawals for life contracts	8,600				8.600	
13.	Aggregate write-ins for miscellaneous direct claims and					, ,	
	benefits paid	14	<u> </u>	0 <u> </u>	0 L	14	
14.	All other benefits, except accident and health					0	
	Totals	9,114	0	0	0	9,114	
	DETAILS OF WRITE-INS	· · · · · · · · · · · · · · · · · · ·				*	
1301.	Coupons paid	14			i	14	
1302.							
1303.							
1398.	Summary of Line 13 from overflow page	0	0	0	0	0	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	14	0	0	0	14	
	: :::::: (=::::: (=::::::::::::::::::::		ı	<u> </u>	<u> </u>		

	O	rdinary	(Group a	edit Life and Individual)		Group	Inc	dustrial		Γotal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols. &	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	278	0	0	0	0	0	0	0	278
17. Incurred during current										
year	0	608							0	608
Settled during current										
year:										
18.1 By payment in full	0	500							0	500
18.2 By payment on										
compromised claims									0	0
	0	500	0	0	0	0	0	0	0	500
18.4 Reduction by										
									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	500	0	0	0	0	0	0	0	500
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	386	0	0	0	0	0	0	0	386
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year		0							0	0
22. Other changes to in force									ı İ	
(Net)		0							0	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
 a) Includes Individual Credit L 	ife Insurance	e: prior year \$		cu	rrent year \$					
Includes Group Credit Life	Insurance: L	oans less than o	r equal to 60	months at issue,	prior year \$		curr	ent year \$		
Loans greater than 60 mon	ths at issue	BUT NOT GREAT	TER THAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	814,538	863,216		546,916	552,398
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,383	5,246		3,213	3,218
25.3Non-renewable for stated reasons only (b)		<u> </u>			
25.4 Other accident only		l			
25.5All other (b)					
25.6Totals (sum of Lines 25.1 to 25.5)	5,383	5,246	L0	3,213	3,218
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	819,921	868,462	0	550,129	555,616

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______1,491 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2009

	New YORK	LIFE	INSURANC	F	DURING THE YE			
NAIC (Group Code 0119	LIFE	INSUNAINC	L	NAIC Company Code 70580			
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5		
		Ordinary	and Individual)	Group	Industrial	Total		
1.	Life insurance	25 , 135				25 , 135		
2.	Annuity considerations	9,687				9,687		
3.	Deposit-type contract funds		XXX		XXX	0		
4.	Other considerations					0		
5.	Totals (Sum of Lines 1 to 4)	34,822	0	0	0	34,822		
	DIRECT DIVIDENDS TO POLICYHOLDERS							
	Life insurance:		i i		I			
	6.1 Paid in cash or left on deposit					0		
	6.2 Applied to pay renewal premiums					0		
	6.3 Applied to provide paid-up additions or shorten the							
	endowment or premium-paying period	348	L			348		
	6.4 Other		LL			0		
	6.5 Totals (Sum of Lines 6.1 to 6.4)	348	L0 L	0	0	348		
	Annuities:		i i		İ			
	7.1 Paid in cash or left on deposit		LL			0		
	7.2 Applied to provide paid-up annuities		LL			0		
	7.3 Other					0		
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0		
8.	Grand Totals (Lines 6.5 + 7.4)	348	0	0	0	348		
	DIRECT CLAIMS AND BENEFITS PAID							
9.	Death benefits	0	ll			0		
	Matured endowments					0		
11.	Annuity benefits	1.041				1.041		
12.	Surrender values and withdrawals for life contracts	21,228				21,228		
	Aggregate write-ins for miscellaneous direct claims and					, -		
	benefits paid	L5	L0 L.	0 L	0 L	5		
14.	All other benefits, except accident and health					0		
	Totals	22,274	0	0	0	22,274		
	DETAILS OF WRITE-INS	,		-		,		
1301.	Coupons paid	5				5		
1302.								
1303								
1398.	Summary of Line 13 from overflow page	0	0	0	0 1	0		
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	5	l	0	n I	5 5		
				<u> </u>	0			

	Or	dinary		edit Life and Individual)	(Group	Inc	dustrial	Т	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	1.733	0	0	0	0	0	0	0	1.73
17. Incurred during current										
year		831							0	83
Settled during current										
year:										
18.1 By payment in full	0	0							0 [
18.2 By payment on									ı	
compromised claims									0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	
18.4 Reduction by compromise									0	
18.5 Amount rejected									0 [
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	2,564	0	0	0	0	0	0	0	2,56
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)					- 1	
prior year	126	3,377,794	0	0	0	0	0	0	126	3,377,79
21. Issued during year			ļ							
22. Other changes to in force									.	
(Net)									0	
23. In force December 31	400	0 077 704		(a)			•		400	
of current year	126	3,377,794	0	0	0	0	0	0	126	3,377,79
n) Includes Individual Credit Life	e insurance	e: prior year \$								
Includes Group Credit Life In Loans greater than 60 mont								ent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b)	10,091	9,834		6,024	6,033
25.3 Non-renewable for stated reasons only (b)	194	L194		1,475	1,475
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	10,285	10,028	0	7 , 499	7,508
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,285	10,028	0	7,499	7,508
(b) For health business on indicated lines report: Number of person	ons insured under PPC	managed care produ	cts	and number of per	sons insured under



DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2009

DIINEO	1 BOSINESS IN THE STATE OF NORTH Carolina			_	DURING THE Y	EAR 2009	
NAIC C	Group Code 0119	LIFE	INSURANC	E	NAIC Company Code 70580		
	DIRECT PREMIUMS	1	2	3	4	5	
	AND ANNUITY CONSIDERATIONS		Credit Life (Group				
		Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	172,228				172,228	
2.	Annuity considerations	31,334				31,334	
	Deposit-type contract funds				XXX	0	
4.	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	203,562	0	0	0	203,562	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:		i i				
	6.1 Paid in cash or left on deposit		i i			(
	6.2 Applied to pay renewal premiums					(
	6.3 Applied to provide paid-up additions or shorten the		1 1				
	endowment or premium-paying period	1.490				1.490	
	6.4 Other					(
	6.5 Totals (Sum of Lines 6.1 to 6.4)	1 490	0	0	0	1 490	
	Annuities:					,	
	7.1 Paid in cash or left on deposit					(
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	(
8.	Grand Totals (Lines 6.5 + 7.4)	1,490	0	0 [0	1.490	
	DIRECT CLAIMS AND BENEFITS PAID	1,100	•	<u> </u>	Ť	1,100	
9	Death benefits	344 974				344 974	
10	Matured endowments						
11	Annuity benefits	11 727				44 70-	
12	Surrender values and withdrawals for life contracts	315 945				315.945	
13	Aggregate write-ins for miscellaneous direct claims and	1					
	benefits paid	41	0	0	0	41	
14.	All other benefits, except accident and health	7			······································		
15.	Totals	672.687	0	0	0	672,687	
	DETAILS OF WRITE-INS	3.2,001	<u> </u>	•	Ť	0.2,001	
1301	Coupons paid	41				4 1	
1302						T	
1303							
1398	Summary of Line 13 from overflow page	10	0	·····	0		
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	41		⁰ l-	o	лл	
1000.	Totals (Lines 1001 tilla 1000 plus 1000) (Line 10 above)	1 41	0 1	0	0	4.	

				edit Life						
	0	rdinary		nd Individual)		Group	Inc	lustrial		Total
DIDECT DEATH	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	10,375	0	0	0	0	0	0	0	10,375
17. Incurred during current										
year	20	348,024							20	348,024
Settled during current										
year:										
18.1 By payment in full	20	344,974							20	344,974
18.2 By payment on										
compromised claims									0	0
16.5 Totals paid	20	344,974	0	0	0	0	0	0	20	344,974
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
	20	344,974	0	0	0	0	0	0	20	344,974
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	13,425	0	0	0	0	0	0	0	13,425
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)					I	
prior year	352	13,170,508	0	0	0	0	0	0	352	13,170,508
21. Issued during year	3	265,653							3	265,653
22. Other changes to in force									I	
(Net)	(125)	(3,846,243)							(125)	(3,846,243
23. In force December 31	`			(a)			1		` 1	
of current year	230	9,589,918		0	0	0	0	0	230	9,589,918
a) Includes Individual Credit L	ife Insurance	e: prior year \$		cu	rrent year \$					
Includes Group Credit Life	Insurance: I	oans less than o					curr	ent year \$		
Loans greater than 60 mon								year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		Direct Dramiums	Dividends Paid or		Direct Leases
	Dise at Danisissan	Direct Premiums	Credited On Direct	Discret Lances Daid	Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	1,3,380,705	L 3,582,740		2,269,954	2,292,707
24.1Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	390,062	380 , 138		232,862	233,202
25.3 Non-renewable for stated reasons only (b)	3,499	3,499			26,543
25.4 Other accident only				,	
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	393,561	383,637	0	_259,405	259,745
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,774,266	3,966,377	0	2,529,359	2,552,452

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _______5,099 and number of persons insured under

Indemnity only products _____4,501



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2009

NAIC (Group Code 0119		INSUITAIN	NAIC Company Code 70580		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	543				543
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	543	0	0	0	543
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					(
	6.2 Applied to pay renewal premiums					(
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					(
	6.4 Other					(
	6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	(
	Annuities:					
	7.1 Paid in cash or left on deposit					(
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	L0 <u>L</u> .	0 [0	(
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	(
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					(
10.	Matured endowments					(
11.	Annuity benefits					(
12.	Surrender values and withdrawals for life contracts					(
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0	0	
	All other benefits, except accident and health					(
15.	Totals	0	0	0	0	(
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
	Summary of Line 13 from overflow page	0	0	0 [0 [(
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	C

				edit Life						
	Oı	rdinary	(Group a	ind Individual)		Group	Inc	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year 17 Incurred during current	0	208	0	0	0	0	0	0	0	20
year		107							0	10
Settled during current year: 18.1 By payment in full									0	
18.2 By payment on										
compromised claims				^		^			⁰	
18.4 Reduction by		0	LU	0	U	ļ0		0	0	
18.5 Amount rejected									0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current year (16+17-18.6)	0	315	0	0	0	0	0	0	0	31:
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			0	(a) 0	0	0	0	0	10	128,00
22. Other changes to in force									0	
23. In force December 31				(a)				<u></u>		400.00
of current year	10	128,000	0	0	0	0	0	0	10	128,00
 (a) Includes Individual Credit Life I Includes Group Credit Life I Loans greater than 60 months 	Insurance: L	oans less than o	r equal to 60	months at issue,				rent year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	503,597	533,692		338 , 137	341,526
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	232	L226	L	L139	139
25.3Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6Totals (sum of Lines 25.1 to 25.5)	232	226	0	139	139
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	503,829	533,918	0	338,276	341,665

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______225 and number of persons insured under

Indemnity only products _____1,215



DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2009

IC Group Code 0119		INSURANCE	_	NAIC Company C	ode 70580
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
Life insurance		and marriadal)	Огоир	madena	Total
2. Annuity considerations					
Deposit-type contract funds		XXX		ХХХ	
Other considerations		7,777			
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS	0	Ů	•	0	
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
ondowment or promium paying period					
endowment or premium-paying period					
6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4)	h	l		·····	
Annuities:	J		⁰	l	
7.1 Paid in cash or left on deposit					
7.2 Applied to provide palu-up armulities		1			
7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3)	ļ	l	·····	·····	
8. Grand Totals (Lines 6.5 + 7.4)] 	h	h	⁰	
DIRECT CLAIMS AND BENEFITS PAID	U	U	U	U	
9. Death benefits					
Matured endowments					
Annuity benefits Surrender values and withdrawals for life contracts	<u> </u>				
Surrender values and withdrawais for life contracts		 			
benefits paid	_	ا ۱	0	0	
4. All other hanefits, except assident and health	JU	⁰		V	
All other benefits, except accident and health Totals	ļ	ļ	·····		
DETAILS OF WRITE-INS	U	0	U	0	
01					
12					
)3	ļ	<u> </u>			
98. Summary of Line 13 from overflow page	ļū	ļ <u>0</u> ļ	ñ	<u>0</u>	
99. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	1 0	0	0	0	

				edit Life						
	0	rdinary	(Group a	ind Individual)		Group	In	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,	140.	7 tillount	Or. Ocraio.	7 tillount	Ocitiis.	7 tillouit	140.	Amount	140.	7 tinount
prior year 17. Incurred during current	0	0	0	0	0	0	0	0	0	
year Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims									0	
18.3 Totals paid 18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	
18.5 Amount rejected									0	
18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	
POLICY EXHIBIT 20. In force December 31,	0	U	0		No. of Policies	0	0	0	U	<u> </u>
	0	0	0	(a) 0	0	0	0	0	0	
22. Other changes to in force (Net)									0	
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	
(a) Includes Individual Credit L Includes Group Credit Life Loans greater than 60 mon	Insurance: I	Loans less than o	r equal to 60	months at issue,				ent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

AGGIDEI		AL 111 11100	ACCIDENT AND HEALTH INCONANCE											
	1	2	3 Dividende Deid er	4	5									
		D' D	Dividends Paid or		B:									
	1	Direct Premiums	Credited On Direct	l	Direct Losses									
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred									
24. Group policies (b)														
24.1Federal Employees Health Benefits Program premium (b)														
24.2 Credit (Group and Individual)														
24.3 Collectively Renewable policies (b)	L													
24.4 Medicare Title XVIII exempt from state taxes or fees	_ L													
Other Individual Policies:														
25.1 Non-cancelable (b)					l									
25.2 Guaranteed renewable (b)					l									
25.3Non-renewable for stated reasons only (b)														
25.4 Other accident only														
25.5 All other (b)														
25.6 Totals (sum of Lines 25.1 to 25.5)	0	I 0	0	0	0									
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0									

and number of persons insured under (b) For health business on indicated lines report: Number of persons insured under PPO managed care products Indemnity only products



DIRECT BUSINESS IN THE STATE OF Ohio

LIFE INSURANCE

DURING THE YEAR 2009

NAIC (Group Code 0119	LIFE	INSURANC	E	NAIC Company (Code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	896,278	ļ			896,278
2.	Annuity considerations	L190,616				190,616
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations		ļ			0
5.	Totals (Sum of Lines 1 to 4)	1,086,894	0	0	0	1,086,894
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:		l l			
	6.1 Paid in cash or left on deposit	422				422
	6.2 Applied to pay renewal premiums	ļ <u>9</u> 8				<u>9</u> 8
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	L4,307				4,307
	6.4 Other					0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	4,82/	ļ0 ļ	0		4,827
	Annuities:		l l			_
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	<u>[0</u>	ļ0 ļ	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4) DIRECT CLAIMS AND BENEFITS PAID	4,827	0	0	0	4,827
			l l			
9.	Death benefits	549,917				
10.	Matured endowments	500				500
11.	Annuity benefits	40,792				40,792
	Surrender values and withdrawals for life contracts.	1,359,548				1,359,548
13.	Aggregate write-ins for miscellaneous direct claims and					4 040
۱.,	benefits paid	1,819	ļ ļ		}	1,819
	All other benefits, except accident and health	4 050 570	ļ			0
15.	Totals	1,952,576	0	0	0	1,952,576
	DETAILS OF WRITE-INS	,				
1301.	Coupons paid					1,819
1302.						
1303.						
1398.	Summary of Line 13 from overflow page	ļ0	ļ0 ļ	0	0	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	1,819	0	0	0	1,819

				edit Life						
	Or	dinary	(Group a	ind Individual)		Group	Inc	dustrial	Ţ	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,		7	011 001101	7 1110 0110	00.1	7 4110 4111		7	- 1101	7
	0	64 , 182	0	0	0	0	0	0	0	64.18
17. Incurred during current										
year	32	578.647							32	578.64
Settled during current										
year:									- 1	
18.1 By payment in full	32	550,417							32	550,41
18.2 By payment on		·							ı	
compromised claims									0	
10.3 Totals paid	32	550,417	0	0	0	0	0	0	32	550,41
18.4 Reduction by compromise									0	
18.5 Amount rejected									0	
18.6 Total settlements	32	550,417	0	0	0	0	0	0	32	550,41
19. Unpaid Dec. 31, current year (16+17-18.6)	0	92.411	0	0	0	0	0	٥	0	92,41
POLICY EXHIBIT	U	52,411	Ü	0	No. of Policies	U	Ü	v		02,41
20. In force December 31,	0 400	445 007 000		(a)					0 400	445 007 00
prior year 21. Issued during year	2,428	115,367,206	0	0	0	0	0	0	2,428 [115,367,20
21. Issued during year	5	423,859							5	423,85
22. Other changes to in force	(200)	(6 426 000)							(200)	(6 126 00
(Net) 23. In force December 31	(200)	(0,130,809)							(200)	(0,130,80
of current year	2.233	109,654,256	0	(a) 0	0	0	0	0	2.233	109,654,25
a) Includes Individual Credit Li					Ü	0	U	U	2,233	109,004,20
Includes Group Credit Life In			r equal to 60		rrent year \$			ent year \$		
Loans greater than 60 mont								year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	15 , 834 , 843	16,781,154		10,632,208	10,738,781
24.1Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1Non-cancelable (b)					
25.2Guaranteed renewable (b)	L340 , 183	L337,376		206,667	206,968
25.3 Non-renewable for stated reasons only (b)	1,600	1,600		12,137	12,137
25.4 Other accident only					
25.5 All other (b)	L	l			
25.6 Totals (sum of Lines 25.1 to 25.5)	347 , 783	338,976	0	218,804	219,105
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,182,626	17,120,130	0	10,851,012	10,957,886

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____51,144 and number of persons insured under

Indemnity only products



DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2009

DIRECT BOSIN	ESS IN THE STATE OF Oklahoma		INIOLIBANIO		DURING THE YE	AR 2009	
NAIC Group Co	de 0119	LIFE	INSURANC	E	NAIC Company C	ode 70580	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5	
		Ordinary	and Individual)	Group	Industrial	Total	
1. Life insu	rance	5,000				5,00	
Annuity	considerations	2,371	L			2,37	
Deposit-	type contract funds	,	XXX		XXX	,	
4. Other co	nnsiderations						
5. Totals (S	Sum of Lines 1 to 4)	7,371	0 [0	0 [7,37	
ì	DIRECT DIVIDENDS TO POLICYHOLDERS	,				· · · · · · · · · · · · · · · · · · ·	
Life insu							
6.1 Paid	in cash or left on deposit			i	İ		
6.2 App							
6.3 App	ied to provide paid-up additions or shorten the						
enc	owment or premium-paying period	822				82	
6.4 Othe	er						
6.5 Tota	ls (Sum of Lines 6.1 to 6.4)	822	0	0 1	0 1	8	
Annuitie							
7.1 Paid	in cash or left on deposit						
7.2 App	ied to provide paid-up annuities						
7.3 Othe	er						
7.4 Tota	Is (Sum of Lines 7.1 to 7.3)	0	0 [0	0 1		
	otals (Lines 6.5 + 7.4)	822	0 [0	0	82	
	DIRECT CLAIMS AND BENEFITS PAID						
9. Death b	enefits	12.748				12.74	
10. Matured	endowments						
11. Annuity	benefits	2.531				2.5	
12. Surrend	er values and withdrawals for life contracts	6.861				6.86	
13 Aggrega	te write-ins for miscellaneous direct claims and						
ber	efits paid	0	0	0	0		
14. All other	benefits, except accident and health						
15. Totals	, ,	22,140	0 [0	0 [22, 14	
DETAIL	S OF WRITE-INS					,	
1302.							
		0		0 1	0		
	Lines 1301 thru 1303 plus 1398) (Line 13 above)	n	n I	n I	n I		

				edit Life						
	Oı	rdinary	<u> </u>	ind Individual)		Group	Inc	lustrial		otal
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED			No. of							
ENDOWMENTS			Ind. Pols.							
INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	INO.	Amount	Gi. Ceitiis.	Amount	Certiis.	Amount	INO.	Amount	INO.	Amount
prior year	0	202		_	٥	0	ا ۱	0	ا ۱	202
17. Incurred during current		303	0	L ^U		0	^U	0	l	ა0ა
	4	12,775							l , l	10 775
year Settled during current	'	12,770							································· -	12,770
vear:										
18.1 By payment in full	1	10 7/0								12.748
18.2 By payment on	'	12,740	·						 ' -	12,740
compromised claims									ا ۱	0
18.3 Totals paid	1	12.748	l		0	Λ	·····	Λ	₁	 12 7/18
18.4 Reduction by	'	12,140						0	l' -	12,740
compromise									ا ۱	0
									0	0
	1	12,748	0	0	0	0	0	0	1	12.748
19. Unpaid Dec. 31, current									[
year (16+17-18.6)	0	330	0	0	0	0	0	0	0	330
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	21	190,430	0	0	0	0	0	0	21	190,430
21. Issued during year		9,817							0 L	9,817
22. Other changes to in force			l .							
(Net)	(5)	(142,130)							(5)	(142,130
23. In force December 31			l	(a)						
of current year	16	58,117	0	0	0	0	0	0	16	58,117
(a) Includes Individual Credit L					rrent year \$					
Includes Group Credit Life								ent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREA	TER THAN 1	20 MONTHS, prid	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	2,685,398	2,845,881		1,803,094	1,821,167
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	66.825	65.125		39.894	39,952
25.3Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	66,825	65,125	0	39,894	39,952
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,752,223	2,911,006	0	1,842,988	1,861,119

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______10,720 and number of persons insured under

Indemnity only products146



DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2009 LIFE INSURANCE

NAIC (Group Code 0119		INSUITAING	NAIC Company Code 70580		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	6,495				6,495
2.	Annuity considerations	1,999				1,999
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations		L			0
5.	Totals (Sum of Lines 1 to 4)	8,494	0	0	0	8,494
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:		1			
	6.1 Paid in cash or left on deposit		<u> </u>			0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID				-	
9.	Death benefits	500				500
10.	Matured endowments	500				500
11.	Annuity benefits	000				0
12.	Surrender values and withdrawals for life contracts	869				
13.	Aggregate write-ins for miscellaneous direct claims and					
	Aggregate write-ins for miscellaneous direct claims and benefits paid	126	0	0	0	126
14.	All other benefits, except accident and health					0
	Totals	1 995	0	0	0	1.995
<u> </u>	DETAILS OF WRITE-INS	1,000	 	•	•	1,000
1301	Coupons paid	126			-	126
1302	coupons paru.	120				120
1302.						
			l	·····	·····	n
1300.	Summary of Line 13 from overflow page	126	⁰	⁰	h	126
1399.	Totals (Lines 1301 tillu 1303 plus 1396) (Line 13 above)	120	0	0	0	120

		dinary	(Group a	edit Life nd Individual)		Group	Inc	lustrial		-otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	585	0	0	0	0	0	0	0	58
17. Incurred during current										
year	0	1,233							0 [1,23
Settled during current										
year:									- 1	
18.1 By payment in full	0	1,000							0	1 , 00
18.2 By payment on										
compromised claims									0	
18.3 Totals paid	0	1,000	0	0	0	0 .	0	0	0	1,00
18.4 Reduction by compromise									0	
18.5 Amount rejected			l						0 L	
18.6 Total settlements	0	1,000	0	0	0	0	0	0	0 [.	1,00
19. Unpaid Dec. 31, current			l						I	
year (16+17-18.6)	0	818	0	0	0	0	0	0	0	81
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)	1 0110103				1	
prior year	36	610 462	۱ ،	(a)	ا ۱	0	٥	٥	36	610.46
21. Issued during year		770	l	U		⁰	⁰	⁰	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	77
22. Other changes to in force										
(Net)		(11 149)							0	(11.14
23. In force December 31				(a)					-	
of current year	36	600,083	0	0	0	0	0	0	36	600,08
) Includes Individual Credit Lif	fe Insurance	e: prior year \$	•	Cul	rent year \$,
Includes Group Credit Life In	nsurance: L	oans less than o	r equal to 60	months at issue,	prior year \$			ent year \$		
Loans greater than 60 month								year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1Non-cancelable (b)					
25.2 Guaranteed renewable (b)		4,760		2,916	2,920
25.3 Non-renewable for stated reasons only (b)		209		1,583	1,583
25.4 Other accident only				,	
25.5All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,093	4,969	0	4,499	4,503
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,093	4,969	0	4,499	4,503

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2009

NAIC (Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	356,796				356,796
2.	Annuity considerations	151,372				151,372
3.	Deposit-type contract funds		ХХХ		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	508,168	0	0	0	508,168
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit	296				296
	6.2 Applied to pay renewal premiums	1,600				1,600
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	6/0				6/0
	6.4 Other		ļ			0
	6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities:		⁰		0	2,566
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	<u> </u>	0	0 [.	0
8.	Grand Totals (Lines 6.5 + 7.4)	2,566	0	0	0	2,566
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	169,865	<u> </u>	<u> </u>		169,865
10.	Matured endowments	500				500
11.	Annuity benefits	98,596				
	Surrender values and withdrawals for life contracts	713,871				713,871
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	1,883	ļ0 ļ	0	0 .	1,883
	All other benefits, except accident and health		ļ			0
15.	Totals	984,716	0	0	0	984,716
	DETAILS OF WRITE-INS					
1301.	Coupons paid	1,883				1,883
1302.						
1303.			ļ			
	Summary of Line 13 from overflow page		ļ0 ļ.	0	0 J.	0
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	1,883	0	0	0	1,883

	Oı	rdinary	(Group a	edit Life and Individual)		Group	Inc	lustrial		- Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols.	4	No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	25,109	0	0	0	0	0	0	0 .	25,109
17. Incurred during current		101 070								101 070
year	9	181,070							<u>9</u> -	181,070
Settled during current										
year: 18.1 By payment in full	10	170 205							10	170.365
18.2 By payment on	10	170,303							10	170,303
compromised claims									٥	0
18.3 Totals paid		170,365	n	h	0	0	0	Λ	10	170 365
18.4 Reduction by	10	170,000				0		0		
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	170,365	0	0	0	0	0	0	10	170.365
19. Unpaid Dec. 31, current		.,								.,
year (16+17-18.6)	(1)	35,814	0	0	0	0	0	0	(1)	35,814
	, ,				No. of				` '	
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	1,221	48,458,012	0	0	0	0	0	0	1,221	48,458,012
prior year21. Issued during year	2	131 , 193							2	131 , 193
22 Other changes to in force										
(Net)	(62)	(1,899,469)							(62)	(1,899,469)
23. In force December 31				(a)						
of current year	1,161	46,689,736	0	0	0	0	0	0	1,161	46,689,736
(a) Includes Individual Credit L				cu	rrent year \$					
Includes Group Credit Life								ent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREAT	LER THAN 1	20 MONTHS, prid	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	2,188,629	2,319,424		1,469,541	1,484,271
24.1Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,961	4,835		2,962	2,966
25.3 Non-renewable for stated reasons only (b)	541	541		4,102	4,102
25.4 Other accident only				,	,
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,502	5,376	L0	7,064	7,068
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,194,131	2,324,800	0	1,476,605	1,491,339

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _______7,278 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2009

DIRECT BUSINESS IN THE STATE OF Puerto Ricc				. –	DURING THE	TEAK ZUUS
NAIC Group Code 0119	LIF	·E	INSURANC	JE	NAIC Compan	y Code 70580
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2 Credit Life (Group	3	4	5
	Ordinary		and Individual)	Group	Industrial	Total
Life insurance		184				184
Annuity considerations	L	0				<u> </u> 0
Deposit-type contract funds			ХХХ		XXX	<u>[</u>
Other considerations	L					<u>l</u>
Totals (Sum of Lines 1 to 4)		184	0	0	0	184
DIRECT DIVIDENDS TO POLICYHOL	DERS					
Life insurance:						
6.1 Paid in cash or left on deposit						[
6.2 Applied to pay renewal premiums						(
6.3 Applied to provide paid-up additions or sho	orten the					
endowment or premium-paying period						(
6.4 Other						[
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	<u> </u>
Annuities:						
7.1 Paid in cash or left on deposit	L					(
7.2 Applied to provide paid-up annuities	L					(
7.3 Other	L					(
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	(
8. Grand Totals (Lines 6.5 + 7.4)		0	0	0	0	
DIRECT CLAIMS AND BENEFITS F	PAID					
Death benefits	L	0			İ	İ(
10. Matured endowments						İ
11. Annuity benefits						l(
12. Surrender values and withdrawals for life contr	acts	186				186
 Aggregate write-ins for miscellaneous direct cl 	aims and					
benefits paid		0	0	<u></u> 0	0	<u>[</u>
14. All other benefits, except accident and health						(
15. Totals		186	0	0	0	180
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
				0	0	(
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line		0	0	0	0	(

	•			edit Life					•	
	Or	dinary	(Group a	ind Individual)	(Group	Inc	dustrial		otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	1	0	0	0	0	0	0	0	
17. Incurred during current			l						i	
year		1							0	
Settled during current										
year:										
18.1 By payment in full	0	0							0 L	
18.2 By payment on			l						i	
compromised claims									0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0 L	
18.4 Reduction by									I	
compromise									0 L	
									0	
18.6 Total settlements	0	0	0	0	0	L0	0	0	0	
19. Unpaid Dec. 31, current									i	
year (16+17-18.6)	0	2	0	0	0	0	0	0	0	
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0 L	0	<u> </u>	0	0	L0	0	0	0 L	
21. Issued during year									l	
22. Other changes to in force										
(Net)									0 L	
23. In force December 31				(a)					1	
of current year	0	0	0	0	0	0	0	0	0	
) Includes Individual Credit Li	fe Insurance	: prior year \$		Cu	rrent year \$				'	
Includes Group Credit Life I			r equal to 60	months at issue,			curi	ent year \$		
Loans greater than 60 mont	ths at issue E	BUT NOT GREAT	TER THAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		Direct Premiums	Dividends Paid or Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Penewahle policies (h)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		62		38	38
25.3Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5All other (b)					
25.6Totals (sum of Lines 25.1 to 25.5)	64	62	0	38	38
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	64	62	0	38	38

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2009

NAIC (Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 + 7.4) DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and	LIFE	INSURANC	E	NAIC Company Code 70580		
		1	2 Credit Life (Group	3	4	5	
		Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	7 , 428				7 , 428	
2.	Annuity considerations	2,774				2,774	
3.	Deposit-type contract funds		XXX		XXX _	0	
4.	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	10,201	0	0	0	10,201	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
			l l		İ		
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums		<u> </u>			0	
	6.3 Applied to provide paid-up additions or shorten the				İ		
	endowment or premium-paying period					0	
	6.4 Other		l			0	
	6.5 Totals (Sum of Lines 6.1 to 6.4)	0	L0 L	0 L	0 L	0	
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits		į į			0	
10.	Matured endowments					0	
11.	Annuity benefits	3.991				3.991	
12.	Surrender values and withdrawals for life contracts	581				581	
13.	Aggregate write-ins for miscellaneous direct claims and						
	benefits paid	0	L0 L	0 L	0 L	0	
14.	All other benefits, except accident and health					0	
	Totals	4,572	0	0	0	4,572	
	DETAILS OF WRITE-INS	*				,	
1301.							
1302.							
1303.							
	Summary of Line 13 from overflow page		0	0	0	0	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	

	Or	dinary		edit Life nd Individual)	G	roup	Indi	ustrial	Т	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	260	0	0	0 .	0	0	0 [0	26
17. Incurred during current										
year		133							0	13
Settled during current										
year:										
									J	
18.2 By payment on compromised claims									,	
18.3 Totals paid					l				······································	
18.4 Reduction by	<u>-</u>	0	U	LU	. ا	······································	ا لا	⁰	l	
compromise									0	
									h	
	0	Λ	0	Λ	n	0	0	n T	n	
19. Unpaid Dec. 31, current									······	
year (16+17-18.6)	0	393	0	0	0	0	0	0	0	39
			,	·	No. of	,		*		
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)					i i	
prior year	27	459,173	0	0	0 L	0	0	0	27	459,17
21. Issued during year									0 [
22. Other changes to in force										
(Net)									0	
23. In force December 31				(a)						
of current year	27	459,173	0	0	0	0	0	0	27	459,17
) Includes Individual Credit Lif Includes Group Credit Life Ir	e Insurance nsurance: L	: prior year \$ oans less than o	r equal to 60	months at issue	rrent year \$ _ prior year \$			ent year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		l	Dividends Paid or		
	l	Direct Premiums	Credited On Direct	l	Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2009

DIILC	T BOSINESS IN THE STATE OF South Carolina			_	DURING THE	TEAR 2009	
NAIC (Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580	
	DIRECT PREMIUMS	1	2	3	4	5	
	AND ANNUITY CONSIDERATIONS		Credit Life (Group				
		Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	46,606				46,606	
2.	Annuity considerations	20,322	<u> </u>			20,322	
3.	Deposit-type contract funds		XXX		XXX	0	
4.	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	66,928	0	0	0	66,928	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit	144				144	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period	0				0	
	6.4 Other					0	
	6.5 Totals (Sum of Lines 6.1 to 6.4)	144	0	0	0	144	
	Annuities:						
	7.1 Paid in cash or left on deposit			1		0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0 [0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	144	0 [0	0	144	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	103.391		1		103.391	
10.	Matured endowments	1.000				1.000	
11.	Annuity benefits						
12.	Surrender values and withdrawals for life contracts	89.885				89.885	
	Aggregate write-ins for miscellaneous direct claims and	,					
	benefits paid	0	0	0	0	0	
14.	All other benefits, except accident and health					0	
15.	Totals	194,276	0 [0 T	0	194,276	
	DETAILS OF WRITE-INS	,				,	
1301.					i	0	
1302.						0	
1303.						0	
	Summary of Line 13 from overflow page		0	0 1	0	0	
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0 [0 [0	0	
		·		<u> </u>			

	_			edit Life					_	
	Oı	rdinary	<u> </u>	nd Individual)		Group	Inc	lustrial		otal
DIRECT DEATH	1	2	3	4	5	6	7	8	9	10
BENEFITS AND MATURED			No. of							
ENDOWMENTS			Ind. Pols. &		No of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	140.	7 tillount	Or. Ocrailo.	7 tillount	OCITIIS.	7 tillount	140.	Amount	110.	7 tillount
prior year	0	2,586	0	0	ا ۱	0	0	0	0	2.586
17. Incurred during current										
year	6	105 525							6	105.525
Settled during current										
year:										
18.1 By payment in full	6	104,391	L						6 L	104,391
18.2 By payment on										, , , ,
compromised claims			l						0	0
18.3 Totals paid	6	104,391	0	0	0	0	0	0	6	104,391
18.4 Reduction by									l l	
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	104,391	0	0	0	0	0	0	6	104,391
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	3,720	0	0	0	0	0	0	0	3,720
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	165	3,641,244	0	0	0	0		0	165	3,641,244
21. Issued during year	1	80,388							ļ1 ļ .	80 , 388
22. Other changes to in force	(00)	(4.400.005)							(00)	(4.400.005
(Net)23. In force December 31	(38)	(1,163,895)							(38)	(1,163,895
of current year	128	2.557.737		(a) 0	0	0	0	0	128	2.557.737
(a) Includes Individual Credit L					ů	0	0	U	128	2,007,737
a) includes individual Credit L Includes Group Credit Life					rrent year \$			ant vaar C		
Loans greater than 60 mon								ent year \$ year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	223,190	236,528		149,860	151,362
24.1Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
23.2 Guaranteed renewable (b)	LZ33,Z31	LZZ1 , 3Z3	L	L139,201	139,455
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	233,257	227 , 323	0	139,251	139,455
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	456,447	463,851	0	289,111	290,817

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______1,114 and number of persons insured under Indemnity only products



DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2009

DINLOI	BUSINESS IN THE STATE OF South Dakota			_	DURING THE YEAR 2009		
NAIC Gr	roup Code 0119	LIFE	INSURANC	E	NAIC Company Code 70580		
	DIRECT PREMIUMS	1 2			4	5	
	AND ANNUITY CONSIDERATIONS		Credit Life (Group				
		Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	6,185				6 , 185	
2.	Annuity considerations	393				393	
3.	Deposit-type contract funds		XXX		XXX	0	
4.	Other considerations		<u> </u>			0	
5.	Totals (Sum of Lines 1 to 4)	6,578	0	0	0	6,578	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium-paying period	188				188	
	6.4 Other					0	
	6.5 Totals (Sum of Lines 6.1 to 6.4)	188	<u> </u>	0	0	188	
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
1	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0 [0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	188	0	0	0	188	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	0	[0	
10.	Matured endowments	1.000	L			1,000	
11.	Annuity benefits	888	L			888	
12.	Surrender values and withdrawals for life contracts	12,758				12,758	
13.	Aggregate write-ins for miscellaneous direct claims and					,	
	benefits paid	0	L0 L.	0	0	0	
14.	All other benefits, except accident and health					0	
	Totals	14,646	0	0	0	14,646	
	DETAILS OF WRITE-INS	,				,	
1301.			[0	
1302.						(
1303						0	
1398	Summary of Line 13 from overflow page	0	0 1	0	0		
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	r	0	0		

	Or	rdinary	(Group a	edit Life and Individual)		Group		ustrial		otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,	140.	Amount	Or. Certiis.	Amount	Certiis.	Amount	140.	Amount	140.	Amount
prior year	0	345		l	ا ۱	0	0	0	١	345
17. Incurred during current		340	ļ	l ⁰	l0	0			······································	
	1	1 155							4	1 155
year Settled during current	'	I , 100							······' ·	
year:										
18.1 By payment in full	1	1 000							1	1 000
18.2 By payment on	'								······' ·	, ,000
compromised claims									ا ۱	0
18.3 Totals paid	1	1 000	n	n	0	0	0	Λ	1	1 000
18.4 Reduction by	'	, ,000							······	, 000
compromise									0	0
18.5 Amount rejected			l						0	0
,	1	1,000	0	0	0	0	0	0	1	1 000
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	500	0	0	0	0	0	0	0	500
	-				No. of	-				
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)					i	
prior year	24	91,930	0	0	0	0	0	0	24	91,930
21. Issued during year									0	
22 Other changes to in force									ı	
(Net)		(11,149)							0 [_	(11,149
23. In force December 31				(a)					- 1	
of current year	24	81,551	0	0	0	0	0	0	24	81,551
a) Includes Individual Credit Li				cu	rrent year \$					
Includes Group Credit Life I			r equal to 60	months at issue,	prior year \$		curre	ent year \$		
Loans greater than 60 month	ths at issue I	BUT NOT GREAT	TER THAN 1	20 MONTHS, pri	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2 Direct Premiums	3 Dividends Paid or Credited On Direct	4	5 Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	253,390	268,533		170,137	171,843
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1Non-cancelable (b)					
25.2Guaranteed renewable (b)	_ [805	L/85		481	481
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All otner (b)	. L				
25.6 lotals (sum of Lines 25.1 to 25.5)	805		0	481	481
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	254, 195	269,318	0	170,618	172,324
(b) For health business on indicated lines report: Number of per	sons insured under PPC	managed care produ	cts21	2 and number of per	sons insured under

Indemnity only products



DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2009

DIINEO	T BOSINESS IN THE STATE OF Tennessee				DURING THE	IEAR 2009
NAIC (Group Code 0119	LIFE	INSURANC	E	NAIC Compan	v Code 70580
	DIRECT PREMIUMS	1	2	3	4	5
	AND ANNUITY CONSIDERATIONS		Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	51 , 136				51,136
2.	Annuity considerations	14,708				14,708
	Deposit-type contract funds	L	XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	65,844	0	0	0	65,844
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the		l l			
	endowment or premium-paying period	368				368
	6.4 Other					0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	368	0	0	0	368
	Annuities:					
	7.1 Paid in cash or left on deposit		i i			0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0
8.	Grand Totals (Lines 6.5 + 7.4)	368	0 [0	0	368
	DIRECT CLAIMS AND BENEFITS PAID		,			
9.	Death benefits	45.000	i i			45.000
10.	Matured endowments	0				, , , ,
11.	Annuity benefits					۸ .
12.	Surrender values and withdrawals for life contracts	112.905				112.905
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	5	0	0	0	5
14.	All other benefits, except accident and health					L 0
15.	Totals	157,910	0 [0	0	157,910
	DETAILS OF WRITE-INS	,		-	-	,
1301.	Coupons paid	5				5
1302.						
1303						
1398.	Summary of Line 13 from overflow page	0	0	0.1	0	0
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	5	ľ n	n I	n	5
	- case (to the first root) (to dbove)	1 0	·	0	U	<u> </u>

				edit Life						
	Oı	rdinary	(Group a	ind Individual)		Group	Inc	dustrial		otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols. &	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	3,879	0	0	0	0	0	0	0	3,879
17. Incurred during current									l	
year	3	46,123							3	46 , 123
Settled during current										
year:										
18.1 By payment in full	3	45,000	l		ll				3 L	45,000
18.2 By payment on										,
compromised claims									0	
18.3 Totals paid	3	45.000	0	0	0	0	0	0	3	45.000
18.4 Reduction by		.,								
compromise									0	0
18.5 Amount rejected									0	(
	3	45,000	0	0	0	0	0	0	3	45 000
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	5,002	0	0	0	0	0	0	0	5,002
	·	0,002	Ů	- v	No. of	Ů		Ů	,	0,002
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	139	3,765,070	L0	0	0 l	0	0	0	139	3,765,070
21. Issued during year		34,653							0	34.653
22. Other changes to in force										,
(Net)	(16)	(501,722)	l						(16)	(501,722
23. In force December 31				(a)						
of current year	123	3,298,001	0	0	0	0	0	0	123	3,298,001
a) Includes Individual Credit L					rrent year \$				'	, ,
Includes Group Credit Life			r equal to 60	months at issue,			curr	ent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREAT	TER THAN 1	20 MONTHS, prid	or year \$			year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	4,461,387	4,728,005		2,995,571	3,025,597
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)			L		
23.2 Guaranteeu renewable (b)	L 1 , UUZ , ZUU	1,020,027		628,209	629,126
25.3 Non-renewable for stated reasons only (b)	723	723		5,486	5,486
25.4 Other accident only				,	,
25.5 All other (b)	L	L			
25.6 Totals (sum of Lines 25.1 to 25.5)	1,053,022	1,026,250	0	633,695	634,612
	5,514,409	5,754,255	0	3,629,266	3,660,209



DIRECT BUSINESS IN THE STATE OF Texas

LIFE INSURANCE

DURING THE YEAR 2009

NAIC (Group Code 0119	L L	INSUITANC	_	NAIC Company Code 70580		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5	
		Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance	109,269				109,269	
2.	Annuity considerations	185.293				185,293	
3.	Deposit-type contract funds		XXX		XXX _	0	
4.	Other considerations		<u> </u>		I	0	
5.	Totals (Sum of Lines 1 to 4)	294,562	0	0	0	294,562	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:		1 1	1			
	6.1 Paid in cash or left on deposit	83		1		83	
	6.2 Applied to pay renewal premiums	492				492	
	6.3 Applied to provide paid-up additions or shorten the		1				
	endowment or premium-paying period	883				883	
	6.4 Other					(
	6.5 Totals (Sum of Lines 6.1 to 6.4)	1.458	0	0	0	1.458	
	Annuities:						
	7.1 Paid in cash or left on deposit		1			(
	7.2 Applied to provide paid-up annuities					(
	7.3 Other					(
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	(
8.	Grand Totals (Lines 6.5 + 7.4)	1,458	0	0	0	1,458	
	DIRECT CLAIMS AND BENEFITS PAID	1,100	, ,			1,100	
9	Death benefits	100 716		1		100 716	
10	Matured endowments	00,710					
11	Annuity benefits	3 047				3 047	
12	Surrender values and withdrawals for life contracts	179 402				179 402	
13							
	Aggregate write-ins for miscellaneous direct claims and benefits paid	17	0	0	0	17	
14.	All other benefits, except accident and health					(
	Totals	283.181	0	0	0	283.181	
	DETAILS OF WRITE-INS	200,101	· ·			200,101	
1301	Coupons paid	17				17	
1307.	Coupons paru.	!/				!/	
1302.							
	Summary of Line 13 from overflow page			······			
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		⁰	⁰	⁰ }		
1000.	Totals (Lines 1301 tinu 1303 plus 1390) (Line 13 above)	17	0	0	0	17	

				edit Life						
	0	rdinary	(Group a	nd Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	5,306	0	0	0	0	0	0	0	5,306
17. Incurred during current										
year	6	102,987							6	102,987
Settled during current		·								
year:										
18.1 By payment in full	6	100,716							6	100,716
18.2 By payment on										
compromised claims									0	0
compromised claims _ 18.3 Totals paid	6	100,716	0	0	0	0	0	0	6	100,716
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected										0
18.6 Total settlements	6	100,716	0	0	0	L0	0	0	6	100,716
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	7,577	0	0	0	0	0	0	0	7,577
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	736	10,041,927	0	0	0	L0	0	0	736	10,041,927
21. Issued during year	1	77 ,558								77,558
22. Other changes to in force										
(Net)	(37)	(1,122,917)							(37)	(1,122,917
23. In force December 31				(a)						
	700		0	0	0	0	0	0	700	8,996,568
a) Includes Individual Credit Li	ife Insurance	e: prior year \$		CU	rrent year \$					

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		Direct Premiums	Dividends Paid or Credited On Direct		Direct Leases
	Direct Premiums	Earned	Business	Direct Losses Paid	Direct Losses Incurred
24 Croup policies (b)	45,000,040	48.007.836	Dusiness	30.416.819	30.721.704
24. Group policies (b) 24.1Federal Employees Health Benefits Program premium (b)	45,300,012	40,007,000			
24.1 rederal Employees Realth Benefits Frogram premium (b)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,146,298	3,066,252		1,878,300	1,881,040
25.3 Non-renewable for stated reasons only (b)					, , , , , , , , , , , , , , , , , , ,
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,146,298	3,066,252	L0	1,878,300	1,881,040
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	48,446,910	51,074,088	0	32,295,119	32,602,744

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______159,584 and number of persons insured under

Indemnity only products _____102



DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2009

AIC Group Code 0119	LIFE	INSURANCE		NAIC Company C	ode 70580
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
Life insurance					
Annuity considerations		<u> </u>			
Deposit-type contract funds		XXX		XXX	
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other		 			
6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit		0	0	0	
7.2 Applied to provide paid-up annuities 7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0 [0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		<u> </u>			
10. Matured endowments		<u> </u>			
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	ļ0 ļ	0	0	
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
301.		ļ			
302.					
303.					
398. Summary of Line 13 from overflow page	0	<u> </u> 0	0	0	
399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	

				edit Life						
	Oı	rdinary	(Group a	nd Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	
17. Incurred during current										
year									0	
Settled during current										
year:										
18.1 By payment in full									0	
18.2 By payment on										
compromised claims									0	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	
18.4 Reduction by										
compromise									0	
18.5 Amount rejected			<u> </u>						0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	0	0	0	0	0	0	0	0	
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	L0	0	0	0	
21. Issued during year									0	
22. Other changes to in force										
			<u> </u>						0	
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	
a) Includes Individual Credit L					rrent year \$					
Includes Group Credit Life I			r equal to 60	months at issue,			curi	rent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREAT	TER THAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		l	Dividends Paid or		
	l	Direct Premiums	Credited On Direct	l	Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under Indemnity only products ...



DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2009

DIINEO	of Bosiness in the State of Utan			_	DURING THE	1EAR 2009
NAIC (Group Code 0119	LIFE	INSURANC	CE	NAIC Compan	v Code 70580
	DIRECT PREMIUMS	1	2	3	4	5
	AND ANNUITY CONSIDERATIONS		Credit Life (Group			
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	20,488				20,488
2.	Annuity considerations	5,221				5,221
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	25,710	0	0	0	25,710
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					L0
	6.2 Applied to pay renewal premiums		İ			L0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	0				0
	6.4 Other					0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit		i i			0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID		Ů			, and the second
9.	Death benefits	0				0
10.	Matured endowments	0				0
	Annuity benefits		1 1			0
12.	Surrender values and withdrawals for life contracts	6 857				6 857
	Aggregate write-ins for miscellaneous direct claims and	1				
	benefits paid	3	0	0	0	3
14.	All other benefits, except accident and health					n n
	Totals	6.860	0	0	0	6,860
	DETAILS OF WRITE-INS	2,000	<u> </u>			2,000
1301	Coupons paid	3				3
1302	ooupons pard.					l
1303						
1398	Summary of Line 13 from overflow page	l	0	0	Λ	Γ
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	2	h	⁰ l	 N	7
1000.	Totals (Ellies 1901 tilla 1909 plus 1990) (Ellie 19 above)	1 3	0	U	0	l J

				edit Life						
	0	rdinary	(Group a	ind Individual)		Group	Inc	dustrial		Total Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,		7 0	011 00111101	7	001101	7 1110 1111		7	110.	7 1110 0111
prior year17. Incurred during current	0	1,078	0	0	0	0	0	0	0	1,078
year Settled during current		467							0	467
year: 18.1 By payment in full 18.2 By payment on	0	0							0	0
compromised claims									0	
18.3 Totals paid 18.4 Reduction by compromise	0	0	<u> </u> 0	0	0	0	0	0	0	
18.5 Amount rejected									0	(
18.6 Total settlements	0	0	0	0	0	0	0	0	0	(
19. Unpaid Dec. 31, current year (16+17-18.6)	0	1,545	0	0	0	0	0	0	0	1,545
POLICY EXHIBIT 20. In force December 31.				(a)	No. of Policies					
prior year21. Issued during year	43	1,906,873	0	0	0	0	0	0	43 0	1,906,873
(Net)									0	
23. In force December 31 of current year	43	1,906,873	0	(a) 0	0	0	0	0	43	1,906,873
 a) Includes Individual Credit Li 					rrent year \$				-	
Includes Group Credit Life I								ent year \$		
Loans greater than 60 mon	ths at issue	BUT NOT GREAT	LER THAN 1	20 MONTHS, prid	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	3,167,260	3,356,540		2,126,638	2,147,954
24.1Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
23.2 Guaranteeu renewable (b)	400,000	474,430	l	LZ90,033	291,059
25.3 Non-renewable for stated reasons only (b)				Ĺ	
25.4 Other accident only					
[23.5All Other (b)	L	L			
25.6 Totals (sum of Lines 25.1 to 25.5)	486,836	474,450	0	290,635	291,059
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,654,096	3,830,990	0	2,417,273	2,439,013

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______12,886 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2009

NAIC G	Group Code 0119	LIFE	INSURANC	CE	NAIC Compan	y Code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	2,125				2,125
2.	Annuity considerations	1,256				1,256
3.	Deposit-type contract funds		XXX		XXX	<u>[0</u>
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	3,381	0	0	0	3,381
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID			-	-	
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of Line 13 from overflow page		0	0	0	0
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0
		- J		Ů		

	Or	dinary		edit Life Ind Individual)	G	Group	Ind	ustrial	Т	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	255	0	0	0	0	0	0	0	25
17. Incurred during current										
year		174							0	17
Settled during current										
year:										
18.2 By payment on										
compromised claims									<u>0</u>	
18.3 Totals paid		0	J0	0	0 <u> </u>	0	⁰	0	J.	
18.4 Reduction by										
compromise									<u>/</u>	
	0	Λ		Λ					٠٠	
19. Unpaid Dec. 31, current	⁰ -	0	l	^U			^D	······································	l-	
vear (16+17-18.6)	0	429	0	0	ا ۱	0	0	0	0	42
, , , , , , , , , , , , , , , , , , , ,		120	Ť	, ,	No. of	•	Ů	Ů		
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	13	557 , 087	<u> </u>	0	0	0	0	0	13	557,08
21. Issued during year									0 [
22. Other changes to in force							1			
(Net)									0	
23. In force December 31				(a)			1			
of current year	13	557,087	0	0	0	0	0	0	13	557,08
) Includes Individual Credit Lift Includes Group Credit Life Ir Loans greater than 60 montl	nsurance: L	oans less than o	r equal to 60	months at issue,				ent year \$year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2 Direct Premiums	3 Dividends Paid or Credited On Direct	4	5 Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1Federal Employees Health Benefits Program premium (b)					
24.2Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
23.2 Guaranteeu renewable (b)	LZ1,3/0	LZU,034	l	LIZ,/UJ	12,781
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
[25.5Aii otilei (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	21,378	20,834	0	12,763	12,781
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,378	20,834	0	12,763	12,781

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Virginia

LIFE INSURANCE

DURING THE YEAR 2009

NAIC (Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	136,280				136,280
2.	Annuity considerations	50,481				50,481
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					٥٥
5.	Totals (Sum of Lines 1 to 4)	186,761	0	0	0	186,761
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:					0
	6.1 Paid in cash or left on deposit					U
	6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the					0
	endowment or premium-paying period	107				107
	6.4 Other	107				۱۵۲ ۱
	6.5 Totals (Sum of Lines 6.1 to 6.4)	107	0	0	0	107
	Annuities:					
	7.1 Paid in cash or left on deposit					ں ۱
	7.3 Other					ں ۱
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	 0
8.	Grand Totals (Lines 6.5 + 7.4)	107	0	0	0	107
	DIRECT CLAIMS AND BENEFITS PAID	101	Ů	•	Ť	101
9.	Death benefits	11 090				11 090
10.	Matured endowments	0				0
11.	Annuity benefits	1,974				1,974
12.	Surrender values and withdrawals for life contracts	176,258				176,258
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0
14.	All other benefits, except accident and health					0
	Totals	189,322	0	0	0	189,322
4004	DETAILS OF WRITE-INS					
1301.						
1303.		Λ	ł			
	Summary of Line 13 from overflow page Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	<u>U</u>	f h	⁰	h	<u>ں</u> ۔۔۔۔۔۔۔۔۔۔ ۱
1099.	Totals (Lines 1301 tillu 1303 plus 1396) (Line 13 above)	0	0 1	0	0	0

				edit Life						
	0	rdinary	(Group a	nd Individual)		Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0		0	0	0	0	0	0	0	8,581
17. Incurred during current			l							
year	3	14,830							3	14,830
Settled during current										
year:										
18.1 By payment in full	1	11,090							1	11,090
18.2 By payment on			l							
compromised claims .									0	0
compromised claims 18.3 Totals paid	1	11,090	0	0	0	0	0	0	1	11,090
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected			<u> </u>						0	0
18.6 Total settlements	1	11,090	0	0	0	0	0	0	1	11,090
19. Unpaid Dec. 31, current										
year (16+17-18.6)	2	12,321	0	0	0	0	0	0	2	12,321
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	459	17,340,008	0	0	0	0	0	0	459	17,340,008
21. Issued during year		8,540							0	8,540
22. Other changes to in force										
(Net)	(4)	(123,647)							(4)	(123,647)
23. In force December 31				(a)						
of current year	455	, ,	0	0	0	0	0	0	455	17,224,901
a) Includes Individual Credit L				cu	rrent year \$					

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
		l	Dividends Paid or		
		Direct Premiums	Credited On Direct	l	Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	7,700,483	8,160,674		5,170,442	5,222,269
24. Group policies (b) 24.1Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	211,142	205,770		126,049	126,233
25.3 Non-renewable for stated reasons only (b)	2,092	2,092		15,872	15,872
25.4 Other accident only					
25.5 All other (b)	L				
25.6 Totals (sum of Lines 25.1 to 25.5)	213,234	207,862	0	141,921	142,105
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,913,717	8,368,536	0	5,312,363	5,364,374

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 23,230 and number of persons insured under



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2009

NAIC (Group Code 0119		IIIOUIAIIC	NAIC Company Code 70580		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	8,949				8,949
2.	Annuity considerations	1,973				1,973
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations		[0
5.	Totals (Sum of Lines 1 to 4)	10,922	0	0	0	10,922
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:		i i			
	6.1 Paid in cash or left on deposit	393				393
	6.2 Applied to pay renewal premiums					0
1	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period	406				406
	6.4 Other		l I			0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	799	0	0	0	799
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	7.4 Totals (Sum of Lines 7.1 to 7.3)	799	0 [0	0	799
	DIRECT CLAIMS AND BENEFITS PAID				-	
9.	Death benefits	2 200				2.200
10.	Matured endowments	1 500				1 500
11.	Annuity benefits	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
12.	Surrender values and withdrawals for life contracts	12 659				12 659
13.	Aggregate write-ins for miscellaneous direct claims and		l			12,000
	benefits paid	2	0	0	0	2
14.	All other benefits, except accident and health		[0
	Totals	16.361	0	0	0	16.361
	DETAILS OF WRITE-INS	.2,001	<u> </u>		Ů	.5,001
1301	Coupons paid	2				2
1302						<i>-</i>
1303.						
	Summary of Line 13 from overflow page			n †	n	
1399	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	2	tn t	h	n	
1000.	Totals (Lines 1301 tillu 1303 plus 1330) (Line 13 above)		0 [0	0	

	O	rdinary		edit Life nd Individual)	C	Group	Ind	ustrial	T	otal
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of Ind. Pols.							
ENDOWMENTS			111u. Pois.		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	926	0	0	0	0	0	0	0	926
17. Incurred during current									I	
year	1	4,118							1	4,118
Settled during current										
year:										
18.1 By payment in full	1	3,700								3,700
18.2 By payment on										
compromised claims									0	0
	1	3,700	0	0	0	0	0	0	1	3,700
18.4 Reduction by										
compromise										0
										0
18.6 Total settlements	1	3,700	0	0	0	0	0	0	1	3,700
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	1,344	0	0	0	0	0	0	0	1,344
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)	1 0110103				-	
prior year	110	1 710 3/11	0	(a) 0	0	0	0	0	110	1,719,341
21. Issued during year	110	2,849		0	·					7 8/10
22. Other changes to in force		2,040								
(Net)	(1)	(41.253)							(1)	(41.253)
23. In force December 31		(11,200)		(a)						
of current year	109	1,680,937	0	0	0	0	0	0	109	1,680,937
a) Includes Individual Credit Li	ife Insurance	e: prior year \$		Cul	rent year \$. ,
Includes Group Credit Life I	Insurance: L	oans less than o	r equal to 60					ent year \$		
Loans greater than 60 mon	ths at issue	BUT NOT GREA	TER THAN 1	20 MONTHS, pric	or vear \$			year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24 October delicies (h)			Business	Direct Losses Paid	incurred
24. Group policies (b)	ļ				
24. Frederal Employees health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5.065	4.936		3.024	3.028
25.3 Non-renewable for stated reasons only (b)	,	,		,	,
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,065	4,936	0	3,024	3,028
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,065	4,936	0	3,024	3,028

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2009

NAIC (Group Code 0119	LIFE	INSURANC	E	NAIC Company	Code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance	13,455				13,455
2.	Annuity considerations	2,833	<u> </u>			2,833
3.			XXX		XXXL	0
4.	Other considerations		<u> </u>			0
5.	Totals (Sum of Lines 1 to 4)	16,288	0	0	0	16,288
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	0	<u> </u> 0	0	0	0
	7.1 Paid in cash or left on deposit					0 0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0 [0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	0	[0
10.						0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	5,318	<u> </u>			5,318
13.	Aggregate write-ins for miscellaneous direct claims and					
١	benefits paid	0	ļ0 ļ.	0		0
	All other benefits, except accident and health		ļ			0
15.	Totals	5,318	0	0	0	5,318
4004	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.	0		ļ			
	Summary of Line 13 from overflow page	0	} ^{\(\)} }-	<u>/</u>	ŏ ŀ-	<u>U</u>
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0 [0

ENDOWMENTS INCURRED No. Amount Gr. Certifs. Amount Certifs. Amount No. Amount No. Amount 16. Unpaid December 31, prior year		0	rdinary		edit Life Ind Individual)	(Group	Inc	lustrial	-	Гotal
Ind. Pols. Responsible R	İ	1	2	3	4	5	6	7	8	9	10
ENDOWMENTS No. Amount G. Amount No. A				No. of							
NCURRED No. Amount Gr. Certifs. Amount Certifs. Amount No. Amou	BENEFITS AND MATURED			Ind. Pols.							
16. Unpaid December 31, prior year				&		No. of					
prior year	INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
17. Incurred during current year	16. Unpaid December 31,										
17. Incurred during current year	prior year	0	1,002	0	0	0	0	0	0	0	1,002
Settled during current year: 18.1 By payment in full	17. Incurred during current										,
Settled during current year: 18.1 By payment in full	year		364							0	364
18.1 By payment in full	Settled during current										
18.2 By payment on compromised claims 18.3 Totals paid 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	year:										
18.2 By payment on compromised claims 18.3 Totals paid 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18.1 By payment in full	0	0	L	<u> </u>			L		0	0
18.3 Totals paid										l i	
18.3 Totals paid	compromised claims									0	0
18.4 Reduction by compromise	18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected 18.6 Total settlements 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18.4 Reduction by									l i	
18.6 Total settlements	compromise									0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	18.5 Amount rejected									0	0
year (16+17-18.6) 0 1,366 0	18.6 Total settlements	0	0	0	0	0	0	L0	0	0	0
POLICY EXHIBIT 20. In force December 31, prior year	19. Unpaid Dec. 31, current									l i	
POLICY EXHIBIT Policies 20. In force December 31, prior year .53 .2,122,203 .0 .0 .0 .0 .0 .53 .2,122,20 .2	year (16+17-18.6)	0	1,366	0	0	0	0	0	0	0	1,366
20. In force December 31, prior year						No. of					
prior year	POLICY EXHIBIT					Policies					
21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 53 2,122,203 0 0 0 0 0 0 0 0 0 0 0 0 0 0 53 2,122,203	20. In force December 31,				(a)					l 1	
21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 53 2,122,203 0 0 0 0 0 0 0 0 0 0 0 0 0 0 53 2,122,203		53	2,122,203	0	0	0	0	0	0	53	2,122,203
(Net) 0	21. Issued during year			<u> </u>						0	0
23. In force December 31 (a) (a) (a) (a) (b) Current year (53 2,122,203 0 0 0 0 0 0 0 53 2,122,20	22. Other changes to in force										
23. In force December 31 (a) (a) (a) (a) (b) Current year (53 2,122,203 0 0 0 0 0 0 0 53 2,122,20	(Net)			<u> </u>						0	0
* * * * * * * * * * * * * * * * * * *	23. In force December 31				(a)						
						0	0	0	0	53	2,122,203

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ______ current year \$ _____ current year \$ ______

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividende Deid en	4	5
		Direct Premiums	Dividends Paid or Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	E00 011	615.627	Dusiness	390.049	393.959
24.1 Federal Employees Health Benefits Program premium (b)		10,027			
24.2Credit (Group and Individual)			i		
24.3 Collectively Renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		1,553		951	952
25.3 Non-renewable for stated reasons only (b)	493	493		3,741	3,741
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,086	2,046	0	4,692	4,693
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	582,997	617,673	0	394,741	398,652

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______482 and number of persons insured under

Indemnity only products _____1,167



DIRECT BUSINESS IN THE STATE OF Wisconsin

LIFE INSURANCE

DURING THE YEAR 2009

NAIC Gro	oup Code 0119	LIFE INSURANCE NAIC Company Code 70580									
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5					
		Ordinary	and Individual)	Group	Industrial	Total					
1. L	ife insurance	800,763				800,763					
2. <i>F</i>	Annuity considerations	172,419				172,419					
3. [Deposit-type contract funds		XXX		XXX						
4. (Other considerations					(
5. 1	Totals (Sum of Lines 1 to 4)	973,182	0	0	0	973,182					
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:										
	6.1 Paid in cash or left on deposit	8 648		1		8 648					
6	6.2 Applied to pay renewal premiums	8 124									
6	6.3 Applied to provide paid-up additions or shorten the	, ,				,					
`	endowment or premium-paying period	52 018				52.018					
l e	6.4 Other	1.581									
6	5.5 Totals (Sum of Lines 6.1 to 6.4)	70.370	0	0	0	70.37					
	Annuities:										
7	7.1 Paid in cash or left on deposit	0				(
7	7.2 Applied to provide paid-up annuities										
	7.3 Other										
7	7.4 Totals (Sum of Lines 7.1 to 7.3)	L0	0 [0	0						
8. (Grand Totals (Lines 6.5 + 7.4)	70,370	0	0	0	70,370					
	DIRECT CLAIMS AND BENEFITS PAID										
	Death benefits					523,937					
10. N	Matured endowments	50 , 145				50 , 14					
11. <i>A</i>	Annuity benefits	75,964				/5,964					
	Surrender values and withdrawals for life contracts	1,015,624				1,015,62					
13. <i>F</i>	Aggregate write-ins for miscellaneous direct claims and										
	benefits paid	961	ļ0 ļ	0	0	96					
	All other benefits, except accident and health										
15. 1		1,666,632	0	0	0	1,666,632					
	DETAILS OF WRITE-INS										
1301. 0	Coupons paid	ļ <u>.</u> 961				<u>.</u> 96					
1302	· ·										
1303			ļ								
	Summary of Line 13 from overflow page	0	0	0	0						
1399. 1	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	961	0	0	0	96					

				edit Life						
	Oı	dinary	(Group a	ind Individual)		Group	Inc	lustrial		otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	3	157,939	0	0	0	0	0	0	3	157,939
17. Incurred during current										,
year	53	503.860							53	503.860
Settled during current										
vear:										
18.1 By payment in full	55	574.083							55	574.083
10 2 Dy novement on	1									,
compromised claims 18.3 Totals paid									0	0
18.3 Totals paid	55	574,083	0	0	0	0	0	0	55	574.083
18.4 Reduction by		,								,
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	55	574,083	0	0	0	0	0	0	55	574.083
19. Unpaid Dec. 31, current		,								,
year (16+17-18.6)	1	87,716	0	0	0	0	0	0	1	87,716
POLICY EXHIBIT					No. of Policies					,
20. In force December 31,				(a)						
prior year21.Issued during year	4,884	98,065,719	0	0	0	0	0	0	4,884	98,065,719
21. Issued during year	6	442,083							6	442,083
22. Other changes to in force										
(Net)	(208)	(6,400,665)							(208)	(6,400,665
23. In force December 31	1			(a)						
of current year	4,682	92,107,137	0	0	0	0	0	0	4,682	92,107,137
(a) Includes Individual Credit Li					rent year \$					
Includes Group Credit Life I			r equal to 60	months at issue,				ent year \$		
Loans greater than 60 mon	ths at issue I	BUT NOT GREAT	TER THAN 1	20 MONTHS, pric	or year \$		current	year \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE												
	1	2	3	4	5							
			Dividends Paid or									
		Direct Premiums	Credited On Direct		Direct Losses							
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24. Group policies (b)	18,458,708	19,561,825		12,393,987	12,518,219							
24.1 Federal Employees Health Benefits Program premium (b)												
24.2 Credit (Group and Individual)												
24.3 Collectively Renewable policies (b)												
24.4 Medicare Title XVIII exempt from state taxes or fees	_ L											
Other Individual Policies:												
25.1 Non-cancelable (b)					l							
25.2Guaranteed renewable (b)		844,480		517,305	518,059							
25.3 Non-renewable for stated reasons only (b)	1,374	1,374		10,422	10,422							
25.4 Other accident only		<u> </u>										
25.5 All Other (D)	. L											
25.6 Totals (sum of Lines 25.1 to 25.5)		845,854	0	527,727	528,481							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,326,608	20,407,679	0	12,921,714	13,046,700							

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____62,873 and number of persons insured under

Indemnity only products



DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2009

	T BOSINESS IN THE STATE OF Wyoming	LIFE	INSURANC	:F	DURING THE Y	
NAIC (Group Code 0119		IIIOUIXAIIU	<u></u>	NAIC Company	Code 70580
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5
		Ordinary	and Individual)	Group	Industrial	Total
	Life insurance					4,978
	Annuity considerations					0
	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	4,978	0	0	0	4,978
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium-paying period					0
	6.4 Other					0
	6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (Sum of Lines 7.1 to 7.3)	0	L0 <u>L</u> .	0 [0 [.	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	L0				0
	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	169				169
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	L0 L	0 L.	0 [.	0
14.	All other benefits, except accident and health					0
	Totals	169	0	0	0	169
	DETAILS OF WRITE-INS					
1301.			<u> </u>			
1302.						
1398.	Summary of Line 13 from overflow page	0	0	0	0 1	0
	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	n l	0	0 [0
	(2.11.11 (2.11.11 1.11.1 pido 1000) (2.110 10 do010)	•	· · ·	<u> </u>	, i	

	Oı	rdinary	(Group a	edit Life and Individual)		Group		ustrial		otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	191	0	0	0	0	0	0	0	191
17. Incurred during current										
year		77							0	77
Settled during current										
year:										
18.1 By payment in full	0	0							0	0
18.2 By payment on										
compromised claims _									0 [0
18.3 Totals paid	0	0	0	0	0	0	0	0	0 [.	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	268	0	0	0	0	0	0	0	268
POLICY EXHIBIT					No. of Policies					
20. In force December 31,					Policies					
prior year	17	452,360	_	(a)		0	0	0	17	452 360
21. Issued during year	17	432,300	J	L ^U	l			0	'/	432 , 300
22. Other changes to in force									l	
(Net)									٥	0
23. In force December 31				(2)					-	
of current year	17	452,360	0	(a) 0	0	0	0	0	17	452,360
a) Includes Individual Credit Li	fe Insurance	e: prior vear \$		Cu	rrent year \$	- 1			-	. ,
Includes Group Credit Life I	nsurance: L	oans less than o	r equal to 60	months at issue,	prior year \$			ent year \$		
Loans greater than 60 mont	ths at issue	BUT NOT GREA	TER THAN 1	20 MONTHS price	or vear \$			year \$		

ACCIDENT AND HEALTH INSURANCE

	1	2 Direct Premiums	3 Dividends Paid or Credited On Direct	4	5 Direct Losses
04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)		61,451		38,934	39,325
24.1Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable policies (b)	_				
24.4 Medicare Title XVIII exempt from state taxes or fees	_ L				
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	481	469		287	287
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	481	469	0	287	287
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	58,467	61,920	0	39,221	39,612
(b) For health business on indicated lines report: Number of per	sons insured under PPC	managed care produ	cts	8 and number of per	sons insured under



DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2009

DIRECT BOSINESS IN THE STATE OF Consolidated				DURING THE YEAR 2009		
NAIC Group Code 0119	LIFE	INSURANC	E	NAIC Company	y Code 70580	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5	
7.1.2 7.1.11.01.1 7.01.0.1.2 1.1.11.01.0	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	6,373,037	0	0	0	6,373,037	
Annuity considerations	2,184,685	L0 L	0	0	2,184,685	
Deposit-type contract funds	0	XXX	0	XXX	0	
Other considerations	0	L0	0 	0	0	
5. Totals (Sum of Lines 1 to 4)	8,557,722	0	0	0	8,557,722	
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	18,805	0	0	0	18,805	
6.2 Applied to pay renewal premiums	15,317	0	0	0	15,317	
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium-paying period	119,744	o	0	0	119,744	
6.4 Other	1.924	0 1	0	o	1,924	
6.5 Totals (Sum of Lines 6.1 to 6.4)	155,790	<u> </u>	0	0	155,790	
Annuities:						
7.1 Paid in cash or left on deposit	1,975	<u> </u>	0	0	1,975	
7.2 Applied to provide paid-up annuities	0	0	0 	0	0	
7.3 Other	0	0	0 	0	0	
7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3)	1,975	0	0	0	1,975	
I 8. Grand Totals (Lines 6.5 + 7.4)	157,765	0	0	0	157,765	
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits	4,433,872	0	0	0	4,433,872	
10. Matured endowments	L156,508	L0 L	0	0	156,508	
11. Annuity benefits	480,639	L0 L	0	0	480,639	
Surrender values and withdrawals for life contracts	11,086,803	<u> </u>	0	0	11,086,803	
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	15,056	<u> </u>	0	0	15,056	
14. All other benefits, except accident and health	0	<u> </u>	0	0	0	
15. Totals	16,172,878	0	0	0	16,172,878	
DETAILS OF WRITE-INS						
1301. Coupons paid	15,056	[0 [0	0	15,056	
1302.		0	0	0	0	
1303.	•					
1398. Summary of Line 13 from overflow page	0	[0 	0 	0	0	
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	15,056	0	0	0	15,056	

	Or	dinary	(Group a	edit Life nd Individual)		Group		dustrial		Γotal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2	No. of Ind. Pols.	4	No. of	6	7	8	9	10
	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,					_					
prior year	14	707,384	0	0	0	0	0	0	14	707 , 384
17. Incurred during current					_					
year	328	4,483,465	0	0	0	0	0	0	328	4 , 483 , 465
Settled during current										
year:		. =			_					
18.1 By payment in full	333	4,590,380	0	0	0	0	0	0	333	4 , 590 , 380
18.2 By payment on		0		_		0	0	0		
compromised claims	0	0	0	0	0	0	0	0	⁰	
18.3 Totals paid	333	4,590,380	0	0	0	0	0	0	333	4,590,380
18.4 Reduction by		0		_		0	0	0		
compromise	<u>0</u>	0	ļ	0		0	0	0	<u>0</u>	
18.5 Amount rejected		4.500.000	ļ	0	0	0	0	0	U	4 500 000
	333	4,590,380	J	0	0	0	0	0	333	4,590,380
19. Unpaid Dec. 31, current		000 400		_		0	0	0		000 400
year (16+17-18.6)	9	600,469	0	0	No. of	0	0	0	9	600,469
POLICY EXHIBIT					Policies					
20. In force December 31.					Folicies					
	27 645	760 240 045	,	(a)	_	0	0	0	27 645	760 040 045
prior year	27,645	760 , 240 , 845 3 , 534 , 522	0	ļ	L	0		0	44	760,240,845
22. Other changes to in force	44		l	L0	<u></u>	L0		0	⁴⁴	
	(1 662)	(51, 174, 303)	_	ا م	_	_	0	0	(1 662)	(51,174,303
23. In force December 31	(1,002)	(51,174,303)	l ⁰	/a)	0	0	0	0	(1,002)	(31,174,303
of current year	26.027	712.601.064	0	(a) 0	0	0	0	0	26.027	712,601,064
a) Includes Individual Credit Li						ű		U	20,021	112,001,004
Includes Individual Credit Life I								ent year \$		0
Loans greater than 60 mont								year \$		U

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	279,038,453	295,714,159	0	187,358,661	189,236,667
24.1 Federal Employees Health Benefits Program premium (b)	L0	<u> </u> 0	0	<u></u> 0	0
24.2 Credit (Group and Individual)	0	<u>[0</u>	0	<u>[0</u>	0
24.3 Collectively Renewable policies (b)	0	0	0	<u>[0</u>	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	<u>[</u> 0	0	<u>[</u> 0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	<u> </u> 0	<u> </u> 0	<u>[0</u>	0
25.2Guaranteed renewable (b)	17,912,608	17,456,887	0	10,693,603	10,709,199
25.3 Non-renewable for stated reasons only (b)	42,229	42,229	0	320,325	320,325
25.4 Other accident only	0	<u> </u> 0	0	<u> </u> 0	0
25.5All other (b)	L0	0	0	0	<u> </u>
25.6 Totals (sum of Lines 25.1 to 25.5)	17,954,837	17,499,116	0	11,013,928	11,029,524
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		313,213,275	0	198,372,589	200,266,191

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ______901,316 and number of persons insured under

Indemnity only products



DIRECT BUSINESS IN THE STATE OF Grand Aliens

DURING THE YEAR 2009

IRECT BUSINESS IN THE STATE OF Grand Aliens			_	DURING THE YEAR 2009		
AIC Group Code 0119	LIFE	INSURANCI	E	NAIC Company C	Code 70580	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2 Credit Life (Group	3	4	5	
	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	6,092	0	0	0	6,0	
Annuity considerations	0	L0 L	0	0		
Deposit-type contract funds	0	LXXX	0	XXX _		
Other considerations	L0	L0 L	0	0		
5. Totals (Sum of Lines 1 to 4)	6,092	0	0	0	6,0	
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	L0 L	0	0		
6.2 Applied to pay renewal premiums	0	L0 L	0	0		
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium-paying period	500	L0 L	0	0	5	
6.4 Other	1 ()	L0 L	0	0		
6.5 Totals (Sum of Lines 6.1 to 6.4)	500	L0 L	0	0		
Annuities:		i i				
7.1 Paid in cash or left on deposit	. [0	L0 L	0 L	0 L		
7.2 Applied to provide paid-up annuities	. [0	L0 L	0 L	0 L		
7.3 Other	L0	L0 L	0 L	0 L		
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	L0 L	0 L	0 L		
8. Grand Totals (Lines 6.5 + 7.4)	500	0	0	0	5	
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits	L0	L0 L	0 L	0 L		
10. Matured endowments		L0 L	0 L	0 L		
11. Annuity benefits		L0 L	0 L	0 L		
12. Surrender values and withdrawals for life contracts	0	0	0	0		
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
14. All other benefits, except accident and health	0	0	0	0		
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
301.	_L0	L 0 l	0	0		
302.						
303.						
398. Summary of Line 13 from overflow page	0	0	0	0		
399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		edit Life Ind Individual)		Group	Inc	dustrial		Total
l -	4	2	(Group a	Δ	5	6 6	7 1	8	9 1	10(a)
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	'	2	No. of Ind. Pols. &	4	No. of	O	,	0	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	1,165	0	0	0	0	0	0	0	1,165
17. Incurred during current										
year	0	277	0	0	0	0	0	0	0	277
Settled during current										
vear:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on										***************************************
compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										***************************************
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (16+17-18.6)	0	1,442	0	0	n l	0	0	0	ا ۱	1.442
, co (10 11 1010)		1,112	·	•	No. of		Ů		Ť	1,112
POLICY EXHIBIT					Policies					
20. In force December 31.				(a)	1 0110100					
prior year	1	288,106	٥.	(d)	ا ۱	0	٥	0	1 1	288 106
21. Issued during year			h0	0	0		0		· · · · · · · · · · · · · · · · · · ·	200, 100
22. Other changes to in force	0		l	ا الـــــــــــــــــــــــــــــــــــ	·································	0		0	ļ	
(Net)	0	(5,575)	0	٥	ا ۱	0	ا ۱	0	ا ۱	(5.575)
23. In force December 31	0	(0,070)	l	(a)	⁰	0	⁰	0		(3,373)
of current year	1	282.916	0	(a) 0	0	0	0	0	1	282,916
(a) Includes Individual Credit Li	ife Insurance		······		rent year \$		0		· · · · ·	202,010
Includes Group Credit Life I			r equal to 60	months at issue	nrior year \$			ent year \$		n
Loans greater than 60 mon	ths at issue	BUT NOT GREA	TER THAN 1	20 MONTHS price	r vear \$			year \$	Λ	-10
Loans greater than oo mon	iiio ai iooac	DOT NOT OILLA	I EIX IIIAN I	ZO MICHATTIO, PITC	γυαι ψ		.u cuiteiii	year ψ		

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)	0	0	0	0	0
24.1Federal Employees Health Benefits Program premium (b)	L0	L0	L0	0	L0
24.2 Credit (Group and Individual)	L0	L0	L0	0	L0
24.3 Collectively Renewable policies (b)	L0	<u> </u>	L0	0	L0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1Non-cancelable (b)	L0	<u> </u>	L0	<u> </u>	L0
25.2 Guaranteed renewable (b)	L0	<u> </u>	<u> </u>	<u> </u>	<u>L</u> 0
25.3Non-renewable for stated reasons only (b)	L0	L0	L0	<u> </u>	L0
25.4 Other accident only	L0	L0	L0	0	L0
25.5 All other (b)	L0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _______0 and number of persons insured under

Indemnity only products

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
Reserve as of December 31, prior year	449,921
Current year's realized pre-tax capital gains/(losses) of \$transferred into the reserve net of taxes oftransferred into the reserve net of taxes oftransferred into the reserve net of taxes oftransferred into the reserve net of taxes oftransferred into the reserve net of taxes oftransferred into the reserve net of taxes oftransferred into the reserve net of taxes oftransferred into the reserve net of taxes of	
\$	1,024,148
Adjustment for current year's liability gains/(losses) released from the reserve	0
Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	1,474,069
Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	187,613
6. Reserve as of December 31, current year (Line 4 minus Line 5)	1,286,456

Amortization

	Amortization 1	2	3	4
Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3)
1. 2009	111,689	75,924	0	187,613
2. 2010		145,774	0	215,139
3. 2011		127 ,808	0	188,010
4. 2012		112,410	0	161,584
5. 2013		96,818	0	134,071
6. 2014		79,885	0	108,493
7. 2015		69,131	0	92,639
8. 2016		66,634	0	86,397
9. 2017		63,595	0	80,710
10. 2018		60 , 534	0	73,658
11. 2019		57 , 399	0	67 , 188
12. 2020	7,576	50,242	0	57 ,818
13. 2021	5,505	40 , 192	0	45,697
14. 2022		28,425	0	32,158
15. 2023		17 , 239	0	18,790
16. 2024	254	3,743	0	3,997
17. 2025	116	(2,925)	0	(2,809)
18. 2026		(3,444)	0	(3,388)
19. 2027	217	(3,964)	0	(3,747)
20. 2028	223	(4,398)	0	(4,175)
21. 2029		(5,078)	0	(4,752)
22. 2030		(5,522)	0	(5, 197)
23. 2031		(5,964)	0	(5,896)
24. 2032	(712)	(6,295)	0	(7,007)
25. 2033	(1,541)	(6,847)	0	(8,388)
26. 2034	(1,985)	(7,289)	0	(9,274)
27. 2035	(2,052)	(6,847)	0	(8,899)
28. 2036	(1,806)	(5,522)	0	(7,328)
29. 2037	(1,142)	(4,086)	0	(5,228)
30. 2038	(381)	(2,540)	0	(2,921)
31. 2039 and Later	0	(884)	0	(884)
32. Total (Lines 1 to 31)	449,921	1,024,148	0	1,474,069

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

ASSET VALUATION RESERVE

		Default Component			Equity Component		
	1	2	3	4	5	_6	7
	Other Than Mortgage Loans	Mortgage Loans	Total (Cols. 1+2)	Common Stock	Real Estate and Other Invested Assets	Total (Cols. 4+5)	Total Amount (Cols. 3+6)
	Loans	Mortgage Loans	(COIS. 1+2)	Common Stock	IIIVESIEU ASSEIS	(0015. 4+3)	(Cois. 5+0)
Reserve as of December 31, prior Year	0	0	0	69,043	0	69,043	69,043
Realized capital gains/(losses) net of taxes-General Account	(150,579)		(150,579)			0	(150,579)
Realized capital gains/(losses) net of taxes-Separate Accounts			0			0	0
Unrealized capital gains/(losses) net of deferred taxes-General Account			0			0	0
Unrealized capital gains/(losses) net of deferred taxes-Separate Accounts			0			0	0
Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic Contribution	52,688	0	52,688	0	0	0	52,688
Accumulated Balances (Lines 1 through 5 - 6 + 7)	(97,891)	0	(97,891)	69,043	0	69,043	(28,848)
9. Maximum Reserve	256,336	0	256,336	0	0	0	256,336
10. Reserve Objective	179,567	0	179,567	0	0	0	179,567
11. 20% of (Line 10 - Line 8)	55,492	0	55,492	(13,809)	0	(13,809)	41,683
12. Balance before transfers (Lines 8 + 11)	(42,400)	0	(42,400)	55,234	0	55 , 234	12,835
13. Transfers			0			0	xxx
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to Zero	. 42,400		42,400	(55,234)		(55,234)	(12,834)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	0	0	0	0	0	0	1

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ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

				,		• • • • • • • • • • • • • • • • • • • •						
			1	2	3	4	Basic	Contribution	Reserv	e Objective	Maxim	num Reserve
						1	5	6	7	8	9	10
Line						Balance for AVR						
Num-	NAIC		Book/Adjusted	Reclassify Related	Add Third Party	Reserve Calculations		Amount		Amount		Amount
ber	Designation	Description	Carrying Value	Party Encumbrances	Encumbrances	(Cols. 1+2+3)	Factor	(Cols. 4x5)	Factor	(Cols. 4x7)	Factor	(Cols. 4x9)
		LONG-TERM BONDS										
1		Exempt Obligations	30,357,253	L XXX	XXX	30,357,253	0.0000 [0	0.000	0	0.000 .	0
2	1	Highest Quality	22.682.624	XXX	XXX	22,682,624	0.0004	9,073	0.0023	52,170	0.0030	68,048
3	2	High Quality	8,925,676	XXX	XXX	8,925,676	0.0019	16,959	0.0058	51.769	0.0090	80.331
4	3	Medium Quality	1,202,280	XXX	XXX	1,202,280	0.0093	11.181	0.0230	27,652	0.0340	40,878
5	4	Low Quality	450,730	XXX	XXX	L 450,730	0.0213	9,601	0.0530	23,889	0.0750	33,805
6	5	Lower Quality	70,000	XXX	XXX	70,000	0.0432	3.024	0.1100	7,700	0.1700	11,900
7	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX		XXX		XXX	
9		Total Bonds (Sum of Lines 1 through 8) (Page 2, Line 1, Net										
		Admitted Asset)	63,688,563	XXX	XXX	63,688,563	XXX	49,838	XXX	163,180	XXX	234,961
		PREFERRED STOCK										
10	1	Highest Quality		LXXX	XXX	_L0	0.0004	0 L	0.0023	0 l	0.0030	0
11	2	High Quality		XXX	XXX	_L0	0.0019	0	0.0058	0 l	0.0090	0
12	3	Medium Quality		XXX	XXX	_L0	0.0093	0 L	0.0230	0	0.0340	0
13	4	Low Quality		L XXX	XXX	_L0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower Quality		XXX	XXX	.L0 I	0.0432	0	0 . 1100	0 l	0 . 1700 L	0
15	6	In or Near Default		ХХХ	XXX	_ _ 0	0.0000 [0	0.2000	0 	0.2000	0
16		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total Preferred Stocks (Sum of Lines 10 through 16) (Page 2, Line										
		2.1, Net Admitted Asset)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt Obligations	813,924	LXXX	XXX	813,924	0.0000 [0 [0.000	0	0.000 .	0
19	1	Highest Quality	7 , 124 , 805	XXX	XXX	7,124,805	0.0004	2,850	0.0023	16,387	0 . 0030 [21,374
20	2	High Quality		LXXX	XXX	_L0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium Quality		XXX	XXX	. _ 0	0.0093	0	0.0230	0	0.0340	0
22	4	Low Quality		ХХХ	XXX	<u>.</u> l0	0.0213	0 [0.0530	0 	0.0750	0
23	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0 . 1700	0
24	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0 i	0.2000	0
25		Total Short-term Bonds (Sum of Lines 18 through 24)	7,938,729	XXX	XXX	7,938,729	XXX	2,850	XXX	16,387	XXX	21,374

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS **DEFAULT COMPONENT**

			1	2	3	4	Basic	Contribution	Reserv	e Objective	Maxim	um Reserve
Line Num- ber	NAIC Designation	Description	Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
	3	DERIVATIVE INSTRUMENTS		,		(,		((
26		Exchange Traded		l xxx l	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33)	71.627.292	XXX	XXX	71,627,292	XXX	52,688	XXX	179,567	XXX	256,336
		MORTGAGE LOANS	11,021,202	MM	MM	7 1,027,232	AAA	02,000	AAA	170,007	AAA	200,000
35 36 37 38 39 40 41 42		In Good Standing: Farm Mortgages Residential Mortgages - Insured or Guaranteed Residential Mortgages - All Other Commercial Mortgages - Insured or Guaranteed Commercial Mortgages - All Other In Good Standing With Restructured Terms Overdue, Not in Process: Farm Mortgages Residential Mortgages - Insured of Guaranteed			XXX XXX XXX XXX XXX XXX XXX XXX	0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0	0.0120 (a) 0.0006 0.0030 0.0020 (b) 0.0760 0.0012	0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0
43		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
44		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.005	0	0.0012	0	0.0020	0
45		Commercial Mortgages - All Other In Process of Foreclosure:			XXX	0	0.0420	0	0.0760	0	0.1200	0
46		Farm Mortgages			XXX	0	0.0000 [_	0	0.1700	0	0.1700	0
47		Residential Mortgages - Insured or Guaranteed			XXX	0	0.000	0	0.0040	0	0.0040	0
48		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
49		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000 [0	0.0040	0	0.0040	0
50		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Total Schedule B Mortgages (Sum of Lines 35 through 50) (Page 2, Line 3, Net Admitted Asset)	0	0	XXX	0	XXX	0	XXX	0	XXX	
52		Schedule DA Mortgages			XXX	0	(c)	0	(c)	0	(c)	0
53		Total Mortgage Loans on Real Estate (Lines 51 + 52)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

⁽a) Times the company's experience adjustment factor (EAF).

⁽b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9. (c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

			1	2	3	4	BASIC COI	NTRIBUTION	RESERVE	E OBJECTIVE	MAXIMUI	M RESERVE
Line	NAIC		Book/Adjusted	Reclassify Related Party	Add Third Party	Balance for AVR Reserve Calculations	5	6 Amount	7	8 Amount	9	10 Amount
	Designation	Description	Carrying Value	Encumbrances	Encumbrances	(Col. 1 + 2 + 3)	Factor	(Cols. 4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated Public		XXX	ХХХ	0	0.000	0	0.1300 ^(d)	0	0.1300 ^(d)	0
2		Unaffiliated Private		XXX	ХХХ	0	0.000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank		XXX	ХХХ	0	0.000.	0	0.0050	0	0.0080	0
4		Affiliated Life with AVR		XXX	LXXX	0	0.000	0	0.000	0	0.0000	0
		Affiliated Investment Subsidiary:									l l	
5		Fixed Income Exempt Obligations	0	0	0	0	XXX	0	XXX	0	XXX	0
6		Fixed Income Highest Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
7		Fixed Income High Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
8		Fixed Income Medium Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
9		Fixed Income Low Quality	0	0	0	0	ХХХ	0	XXX	0	XXX	0
10		Fixed Income Lower Quality	0	0	0	0	ХХХ	0	XXX	0	XXX	0
11		Fixed Income In or Near Default	0	0	0	0	XXX	0	XXX	0	XXX	0
12		Unaffiliated Common Stock Public				0	0.000.	0	0 . 1300 (d)	0	0.1300 ^(d)	0
13		Unaffiliated Common Stock Private				0	0000.	0	0 . 1600	0	0.1600	0
14		Mortgage Loans				0	(c)	0	(c)	0	(c)	0
15		Real Estate				0	(e)	0	(e)	0	(e)	0
16		Affiliated-Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0000.	0	0 . 1300	0	0 . 1300	0
17		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
18		Total Common Stock (Sum of Lines 1 through 17)(Page 2, Line 2.2, Net Admitted Asset)	0	0	0	0	XXX	0	XXX	0	XXX	0
		REAL ESTATE										
19		Home Office Property (General Account only)				0	0.000 .	0	0.0750	0	0.0750	0
20		Investment Properties				0	0.000.	0	0.0750	0	0.0750	0
21		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
22		Total Real Estate (Sum of Lines 19 through 21)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
23		Exempt Obligations		XXX	XXX	0	0.000	0	0.000	0	0.0000	0
24	1	Highest Quality		XXX	ХХХ	0	0.0004	0	0.0023	0	0.0030	0
25	2	High Quality		XXX	ХХХ	0	0.0019	0	0.0058	0	0.0090	0
26	3	Medium Quality		XXX	ХХХ	0	0.0093	0	0.0230	0	0.0340	0
27	4	Low Quality		XXX	ХХХ	0	0.0213	0	0.0530	0	0.0750	0
28	5	Lower Quality		XXX	ХХХ	0	0.0432	0	0.1100	0	0.1700	0
29	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
30		Total with Bond characteristics (Sum of Lines 23 through 29)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

			1	2	3	4	BASIC CC	NTRIBUTION	RESERV	E OBJECTIVE	MAXIMU	M RESERVE
Line Number	NAIC Designation	'	Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Col. 1 + 2 + 3)	5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
31	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
32	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
33	3	Medium Quality		ХХХ	XXX	0	0.0093	0	0.0230	0	0.0340	0
34	4	Low Quality		ХХХ	XXX	0	0.0213	0	0.0530	0	0.0750	0
35	5	Lower Quality		ХХХ	XXX	0	0.0432	0	0.1100	0	0 . 1700	0
36	6	In or Near Default		XXX	XXX	0	0.000	0	0.2000	0	0.2000	0
37		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
38		Total with Preferred Stock characteristics (Sum of Lines 31 through 37)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS In Good Standing:										
39		Farm Mortgages			XXX	0	0.0063	0	0.0120	0	0.0190	0
40		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
41	I	Residential Mortgages - All Other		XXX	XXX	L0	0.0013	0	0.0030	0	0.0040	0
42	I	Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
43		Commercial Mortgages - All Other			XXX	0	0 .0063	0	0.0120	0	0.0190 (a)	0
44		In Good Standing With Restructured Terms Overdue, Not in Process:			XXX	0	0.2800	0	0.6200	0	1.0000 (b)	0
45	İ	Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
46		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
47	İ	Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
48	İ	Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
49		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure:										
50		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
51	I	Residential Mortgages - Insured or Guaranteed			XXX	L0	0.0000	0	0.0040	0	0.0040	0
52		Residential Mortgages - All Other			XXX	0	0.000	0	0.0130	0	0.0130	0
53		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
54		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
55		Total with Mortgage Loan Characteristics (Sum of Lines 39 through 54)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

			1	2	3	4	BASIC CC	NTRIBUTION	RESERV	E OBJECTIVE	MAXIMU	M RESERVE
Line	NAIC		Book/Adjusted	Reclassify Related Party	Add Third Party	Balance for AVR Reserve Calculations	5	6 Amount	7	8 Amount	9	10 Amount
	Designation	Description	Carrying Value	Encumbrances	Encumbrances	(Col. 1 + 2 + 3)	Factor	(Cols. 4 x 5)	Factor	(Cols. 4 x 7)	Factor	(Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCKS	, ,			,		, ,		,		,
56		Unaffiliated Public		XXX	XXX	0	0.000	0	0 . 1300 (d)	0	0 . 1300 (d)	0
57		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1600	0	0 . 1600	0
58		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.000	0	0.000	0
59		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.000	0	0 . 1300	0	0.1300	0
60		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
61		Total with Common Stock Characteristics (Sum of Lines 56 through 60)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
62		Home Office Property (General Account only)				0	0.000	0	0.0750	0	0.0750	0
63		Investment Properties				0	0.000	0	0.0750	0	0.0750	0
64		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
65		Total with Real Estate Characteristics (Lines 62 through 64)	0	0	0	0	XXX	0	XXX	0	XXX	0
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
66		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.003	0	0.006	0	0.0010	0
67		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
68		State Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
69		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
70		Total LIHTC	0	0	0	0	XXX	0	XXX	0	XXX	0
		ALL OTHER INVESTMENTS										
71		Other Invested Assets - Schedule BA		XXX		0	0.000	0	0 . 1300	0	0 . 1300	0
72		Other Short-term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
73		Total All Other (Sum of Lines 71 + 72)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
74		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73)	0	0	0	0	XXX	0	XXX	0	XXX	0

⁽a) Times the company's experience adjustment factor (EAF).

⁽b) Column 9 is the greater of 6.4% without any EAF adjustments or a Company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

⁽c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

⁽d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

⁽e) Determined using same factors and breakdowns used for directly owned real estate.

Asset Valuation Reserve (Continued) Basic Contribution, Reserve Objective and Maximum Reserve Calculations Replications (Synthetic) Assets

1	2	3	4	5 NAIC Designation or Other Description of Asset	6	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
RSAT Number	Type	CUSIP	Description of Asset(s)	Other Description of Asset	Value of Asset	Basic Contribution	Reserve Objective	Maximum Reserve
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0599999 Total					0	0	0	

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

1					iract ciaiilis resisted		
	2	3	4	5	6	7	8
	-	3 State of	4 Year		· ·	'	Ŭ
		Residence	of Claim			Amount Resisted	
Contract		of	for Death or		Amount Paid During	Dec. 31 of Current	
Numbers	Claim Numbers	Claimant	Disability	Amount Claimed	the Year	Year	Why Compromised or Resisted
1101112010	0.0	- Grammant	Diodomity	7 11110 1111 010 111110 11			Triff Comprehenced or recoleted
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5399999 Totals				0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

														Other Individua	I Contracts				
		Total	I	Group Accid Healt		Credit Accid Healt (Group and Ir	h	Collectively R	enewable	Non-Cance	elable	Guaranteed R	enewable	Non-Renew Stated Reas		Other Accide	ent Only	All Oth	ner
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
		Amount	/0	Amount	/0	Amount	,,,			TING OPERATION	,,,	Amount	/0	Amount	/0	Amount	70	Amount	/0
1.	Premiums written	296,635,740	XXX	278.729.968	XXX		XXX	11012101001	XXX		XXX	18,129,871	XXX	(224,099)	XXX		XXX		XXX
2.	Premiums earned	295.216.210	XXX	277 ,759 ,322	XXX	0	XXX	0	XXX	0	XXX	17,456,888	ХХХ	0	XXX	0	XXX	0	XXX
3.	Incurred claims	199,945,863	67.7	189,236,665	68.1		0.0		0.0		0.0	10,709,198	61.3		0.0		0.0		0.0
4.	Cost containment expenses	677,856	0.2	591,268	0.2		0.0		0.0		0.0	86,588	0.5		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3																		
	and 4)	200,623,719	68.0	189 ,827 ,933	68.3	0	0.0	0	0.0	0	0.0	10,795,786	61.8	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7.	Commissions (a)	30,205,532	10.2	28,973,441	10.4		0.0		0.0		0.0	1,232,091	7.1		0.0		0.0		0.0
8.	Other general insurance expenses	32,675,686	11.1	28,501,762	10.3		0.0		0.0		0.0	4,173,924	23.9		0.0		0.0		0.0
9.	Taxes, licenses and fees	10,651,429	3.6	.,. ,	3.6		0.0		0.0		0.0	629,846	3.6		0.0		0.0		0.0
10.	Total other expenses incurred	73,532,647	24.9	67,496,786	24.3	0	0.0	0	0.0	J0	0.0	6,035,861	34.6	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	ļ0	0.0	J0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	21,059,844	7.1	20 ,434 ,603	7.4	0	0.0	0	0.0	0	0.0	625,241	3.6	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	21,059,844	7.1	20,434,603	7.4	0	0.0	0	0.0	0	0.0	625,241	3.6	0	0.0	0	0.0	0	0.0
DETA	ILS OF WRITE-INS																		
1101	·	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102	·	0	0.0		0.0		0.0		0.0	ļ	0.0		0.0		0.0		0.0		0.0
1103	·	0	0.0		0.0		0.0		0.0	ļ	0.0		0.0		0.0		0.0		0.0
1198	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199	. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes \$ _____reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

						`			
	1	2	3	4		(Other Individual Contrac	ts	
					5	6	7	8	9
		Group Accident and	Credit A&H	Collectively		Guaranteed	Non-Renewable for		
	Total		(Group and Individual)	Renewable	Non-Cancelable	Renewable	Stated Reasons Only	Other Accident Only	All Other
		P/	ART 2 - RESERVES AN	D LIABILITIES					
A. Premium Reserves:									
Unearned premiums	325, 172		l		1	325,172			
Advance premiums	6,847,790	6,499,979				347,811			
Reserve for rate credits	0				<u> </u>				
Total premium reserves, current year	7,172,962	6,499,979	0	0	L0	672,983	L0	0	(
Total premium reserves, prior year	5,753,432	5,529,333	0	0	L0	0	224,099	0	(
Increase in total premium reserves	1,419,530	970,646	0	0	0	672,983	(224,099)	0	(
B. Contract Reserves:							, ,		
Additional reserves (a)	0				l		<u> </u>		
Reserve for future contingent benefits	0								
Total contract reserves, current year	0	0	0	0	<u>[</u> 0	<u>0</u>	0	0	(
Total contract reserves, prior year.	0	0	0	0	<u>[</u> 0	0	0	0	(
Increase in contract reserves	0	0	0	0	0	0	0	0	(
C. Claim Reserves and Liabilities:									
Total current year	17,551,142	17,088,965				462 , 177			
Total prior year	15,657,544	15,210,962	0	0	L0	L0	446,582	0	
3. Increase	1,893,598	1,878,003	0	0	0	462,177	(446,582)	0	

PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
Claims paid during the year:									
1.1 On claims incurred prior to current year	13,896,568	13,526,942				369,626			
1.2 On claims incurred during current year	184 , 155 , 696	173,831,719			1	9,877,395	446,582		
Claim reserves and liabilities, December 31, current year:	, ,	· · ·					, , , , , , , , , , , , , , , , , , ,		
2.1 On claims incurred prior to current year	619,499	618,415				1,084			
2.2 On claims incurred during current year	16,931,643	16,470,550				461,093			
3. Test:									
3.1 Line 1.1 and 2.1	14,516,067	14,145,357	0	0	L0	370,710	<u> </u> 0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	15 ,657 ,544	15,210,962	0	0	0	0	446,582	0	0
3.3 Line 3.1 minus Line 3.2	(1,141,477)	(1,065,605)	0	0	0	370,710	(446,582)	0	0

PART 4 - REINSURANCE								
A. Reinsurance Assumed:								
Premiums written	L0	L			1	l		<u> </u>
Premiums earned	<u> </u> 0							
Incurred claims	L0	<u> </u>			1	<u> </u>		<u> </u>
A. Reinsurance Assumed: 1. Premiums written 2. Premiums earned 3. Incurred claims 4. Commissions	0							
B. Reinsurance Ceded:								
Premiums written	42,229	42,229			1	1	1	İ
Premiums earned	42,229	42,229						
Incurred claims	320,893	320.893						
4. Commissions	0							

(a)	Includes \$	 premium	deficience	v reserve

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A. Direct:					
	Incurred Claims	220, 002	100 045 205		200, 266, 400
] 1.	Incurred Claims	320,893	199,945,295		200,200,188
2.	Beginning claim reserves and liabilities	6 , 497	15,657,544	0	15,664,041
3.	Ending claim reserves and liabilities	5,866	17 , 551 , 142		17 ,557 ,008
4.	Claims paid	321,524	198,051,697	0	198,373,221
B. Assum	ed Reinsurance:				
5.	Incurred Claims				0
6.	Beginning claim reserves and liabilities	0	0	0	0
7.	Ending claim reserves and liabilities				0
8.	Claims paid	0	0	0	0
C. Ceded	Reinsurance:				
9.	Incurred Claims	320,893			320 , 893
10.	Beginning claim reserves and liabilities	6,497	0	0	6,497
11.	Ending claim reserves and liabilities	5,866			5,866
12.	Claims paid	321,524	0	0	321,524
D. Net:					
13.	Incurred Claims	0	199,945,295	0	199 ,945 ,295
14.	Beginning claim reserves and liabilities	0	15,657,544	0	15 , 657 , 544
15.	Ending claim reserves and liabilities	0	17,551,142	0	17,551,142
16.	Claims paid		198,051,697	0	198,051,697
E. Net Incurred Claims and Cost Containment Expenses:					
17.	Incurred claims and cost containment expenses		200,623,719		200,623,719
18.	Beginning reserves and liabilities	0	15,657,544	0	15,657,544
19.	Ending reserves and liabilities		17,551,142		17 ,551 ,142
20.	Paid claims and cost containment expenses	0	198,730,121	0	198,730,121

Schedule S - Part 1 - Section 1 NONE

Schedule S - Part 1 - Section 2

NONE

SCHEDULE S - PART 2

Rei	nsurance Recover	able on Paid and Unpaid Losses Listed by Rei	nsuring Company as of December 31, Current	Year

1	2	3	4	5	6	7
NAIC Company	Federal ID					
l Code l	Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
Life and Annuity	/ - Non-Affiliate	S				•
68136	63-0169720	04/01/1999	PROTECTIVE LIFE INSURANCE COMP	NASHVILLE, TN		600,464
0299999 - Life	e and Annuity, To e and Annuity, To	tals, Non-Affiliate	S		0	600,464 600,464
Accident and Hea	alth - Non-Affili	ates			0	000,404
68136	63-0169720	04/01/1999	PROTECTIVE LIFE INSURANCE COMPates	NASHVILLE, TN		5,866
0599999 - Acci	ident and Health,	Totals, Non-Affilia	ates		0	5,866
0099999 - ACC1	ident and Health,	lotais		I	0	5,866
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0799999 To	tals–Life, Annuit	y and Accident and	d Health		0	606,330
		-			·	

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SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	Surance Geded Life Insurance, Annuities, De	5	6	7	Reserve Cr	edit Taken	10	Outstanding S	Surplus Relief	13	14
' '		3	Ţ	ľ	Type of	' h	11000110 01	Cait Taitori	10	Outotaining C	Surpido ritolioi	- '3	"
NAIC					Re-		8	9		11	12	Modified	Funds Withheld
	Federal ID	Effective			insurance	Amount in Force		-				Coinsurance	Under
Code	Number	Date	Name of Company	Location	Ceded	at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Reserve	Coinsurance
Authorized G	eneral Account	- Non-Affiliates		•			•	•				•	•
68136	63-0169720	04/01/1999		NASHVILLE, TN	CO/I	712,596,000	200,294,062	204,072,725	8,802,104				
0299999 -	Total Authorize	ed General Accoun	t - Non-Affiliates			712,596,000	200,294,062	204,072,725	8,802,104	0	0	0	0
0399999 -	Total Authorize	ed General Accoun	t			712,596,000	200,294,062	204,072,725	8,802,104	0	0	0	0
0799999 -	Total Authorize	ed and Unauthoriz	ed General Account			712,596,000	200,294,062	204,072,725	8,802,104	0	0	0	0
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]								
1599999	Totals					712,596,000	200,294,062	204,072,725	8,802,104	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31. Current Year

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year											
1	2	3	4	5	6	7	8	9	Outstanding S	Surplus Relief	12	13
NAIC					i			Reserve Credit	10	11	Modified	
Company	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Туре	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
		- Non-Affiliates		2000.0	1 .,,,,	1 10111101110	(Louinatou)	onouniou i ronnunio	ounont rous	1 1101 1041	11000.10	Gilder Comicardino
68136	63-0160720	1 04/01/1000		NASHVILLE, TN	C0/I	42,229		74,403				
00100	Authorized Cond	eral Account - Non	Affiliator	INACHTELL, INC		42,229		74,403	0	Λ	Λ	Λ
0299999	Total Authorize	ed General Account	-AITITIALES			42,229	0	,	0	0	0	0
0399999	Total Authorize	ed bellerar Account	ed General Account			42,229	0	74,403	0	0	0	0
0799999	- TOTAL AUTHOLIZE	ed and unauthorize	u General Account	ı		42,229	U	74,403	U	U	U	U
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1599999	9 Totals				•	42,229	0	74,403	0	0	0	0
						12,220	U U	77,700	0		U	, , , , , , , , , , , , , , , , , , ,

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SCHEDULE S - PART 4

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Cols. (5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
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SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business (000 OMITTED)

	THE-TE	1 2009	ance Ceded Business 2 2008	3 2007	4 2006	5 2005
					2000	2000
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts	8,844	9,513	10,076	10,790	11,688
2.	Commissions and reinsurance expense allowances_	0	0	0	0	0
3.	Contract claims	18,115	20,840	25,245	20,698	19,549
4.	Surrender benefits and withdrawals for life contracts		0	0	0	0
5.	Dividends to policyholders				0	0
6.	Reserve adjustments on reinsurance ceded	0	0	0	0	0
7.	Increase in aggregate reserve for life and accident and health contracts		0	0	0	0
В.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	0	0	0
9.	Aggregate reserves for life and accident and health contracts	200,368	204,142	209,691	217 ,785	224,157
10.	Liability for deposit-type contracts	3,867	3,973	4,003	0	0
11.	Contract claims unpaid	606	714	1,114	845	748
12.	Amounts recoverable on reinsurance	0	0	0	0	0
13.	Experience rating refunds due or unpaid		0	0	0	0
14.	Policyholders' dividends (not included in Line 10)		0	0	0	0
15.	Commissions and reinsurance expense allowances unpaid		0	0	0	0
16.	Unauthorized reinsurance offset				0	
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Funds deposited by and withheld from (F)	0	0	0	0	0
18.	Letters of credit (L)	0	0	0	0	0
19.	Trust agreements (T)	0	0	0	0	0
20.	Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

Restatement of Balance Sheet to Identify Net C	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
Cash and invested assets (Line 10)			87,344,083
2. Reinsurance (Line 14)	0	0	0
Premiums and considerations (Line 13)	1,214,895	0	1,214,895
Net credit for ceded reinsurance	XXX	200,974,795	200,974,795
All other admitted assets (balance)	3,733,629		3,733,629
6. Total assets excluding Separate Accounts (Line 24)	92,292,607	200,974,795	293 , 267 , 402
7. Separate Account assets (Line 25)	0		0
8. Total assets (Line 26)	92,292,607	200,974,795	293,267,402
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	323 , 175	200,368,465	200,691,640
10. Liability for deposit-type contracts (Line 3)	0		0
11. Claim reserves (Line 4)	17,550,143	606,330	18, 156, 473
12. Policyholder dividends/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8)	6,847,790	0	6 , 847 , 790
14. Other contract liabilities (Line 9)	1,286,456		1,286,456
15. Reinsurance in unauthorized companies (Line 24.2)	0	0	(
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3)		0	
17. All other liabilities (balance)			7,876,828
18. Total liabilities excluding Separate Accounts (Line 26)		200,974,795	234,859,187
19. Separate Account liabilities (Line 27)	0		(
20. Total liabilities (Line 28)		200,974,795	234,859,187
21. Capital & surplus (Line 38)		XXX	58,408,215
22. Total liabilities, capital & surplus (Line 39)	92,292,607	200,974,795	293,267,402
NET CREDIT FOR CEDED REINSURANCE			
23. Contract reserves	200.368.465		
24. Claim reserves			
25. Policyholder dividends/reserves			
26. Premium & annuity considerations received in advance			
27. Liability for deposit-type contracts			
28. Other contract liabilities			
29. Reinsurance ceded assets	0		
30. Other ceded reinsurance recoverables	0		
31. Total ceded reinsurance recoverables			
32. Premiums and considerations			
33. Reinsurance in unauthorized companies			
34. Funds held under reinsurance treaties with unauthorized reinsurers	0		
35. Other ceded reinsurance payables/offsets	0		
36. Total ceded reinsurance payable/offsets			
37. Total net credit for ceded reinsurance	200,974,795		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

				Direct Bus	siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama		44,637	16,040			0	60,6
2. Alaska		2,490	0		-	0	2,4
3. Arizona		34,392	18,357		ļ	0	52,7
4. Arkansas		26,879	20,021			0	46,9
5. California		255,994	86,937			0	342,9
6. Colorado	F	25,985	16,519			0	42,5
7. Connecticut		10 , 780	5,505			0	16,2
8. Delaware		14,128	6,383			0	20,5
9. District of Columbia		78,008	12,140			0	90 , 1
10. Florida		423,822	90,373			0	514 , 1
11. Georgia	GA	127 , 348	39,679			0	167 , 0
12. Hawaii	HI	2,981	18,539			0	21,5
13. Idaho	ID	2,425	1,129			0	3,
14. Illinois	IL	252,249	176,204			0	428,4
15. Indiana		248,125	33,205			0	281,3
16. lowa		20,913	8,932			0	29.
17. Kansas	F	4,521	1,161			0	5,
18. Kentucky		54,058	21,754			0	75,
19. Louisiana	F	29,010	4,379			0	33,
20. Maine		3,284	2,218			0	5,
21. Maryland		801,703	424,050			0	1,225,
22. Massachusetts		215,155	54,935			0	270.
23. Michigan		411,432	92.949				504,
24. Minnesota			6.213			0	
		121,143					
25. Mississippi		23,968	4,899			0	28,
26. Missouri		26,815	12,350			0	39,
27. Montana		4,681	1,052			0	5,
28. Nebraska		16,777	5,045		-	0	21,
29. Nevada		13,387	1,851			0	15,
30. New Hampshire		23,974	10,433				34,
31. New Jersey	NJ	371,068	145,112			0	516,
32. New Mexico		4,201	1,014		ļ	0	5,
33. New York	NY	25,135	9,687			0	34,
34. North Carolina	NC	172,228	31,334			0	203,
35. North Dakota	ND	543	0			0	
36. Ohio	OH	896,278	190,616			0	1,086,
37. Oklahoma	OK	5,000	2,371			0	7.
38. Oregon		6,495	1,999			0	
39. Pennsylvania		356,796	151,372			0	508,
40. Rhode Island		7,428	2,774			0	10,
41. South Carolina		46,606	20,322			0	
42. South Dakota		6.185	393			0	6,
43. Tennessee		51,136	14,708			h	65,
44. Texas		109,269	185.293		·	0	294,
			5.221			[
45. Utah		20,488				0	25,
46. Vermont	VT	2,125	1,256			⁰ -	3,
47. Virginia		136,280	50,481			⁰ -	186,
48. Washington		8,949	1,973		 	0 	10,
49. West Virginia		13,455	2,833		 	0	16,
50. Wisconsin		800,763	172,147		-	0 -	972,
51. Wyoming		4,978	0			0	4,
52. American Samoa	AS	0	0		ļ	0	
53. Guam	GU	0	0			0	
54. Puerto Rico		184	0		ļ	 0 .	
55. U.S. Virgin Islands		0	0		ļ	0	
56. Northern Mariana Islands	MP	0	0		<u> </u>	0	
57. Canada	CN	289	255			0	
58. Aggregate Other Alien	OT	6,092	272			0	6,
59. Totals		6,373,035	2,184,685	0	0	0	8,557,

σ

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 1	2	3	4	5	6	7	8	9	10	11	12	13
'	-	3	4	5	0	Income/	0	9	10	''	12	
					Purchases. Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
69671	61 - 1041514	Humana Health Insurance Co FL, Inc.					81,505,227	216,891,436	ļ		298, 396, 663	
00000	61 - 1343508	Humana Marketpoint, Inc.	ļ				341,412,037		ļ		341,412,037	
00000	61 - 1241225	Humana Military Healthcare Services, Inc.					(27,714,050)	/0.40 00.4 400)	ļ		(27,714,050)	
95270	61 - 1103898	Humana Medical Plan, Inc.	192,000,000				(460,301,279)	(216,891,436)	ļ		(485, 192, 715)	
95885	61 - 1013183	Humana Health Plan, Inc.	4 000 000				(230,069,062)	(136, 149, 966)	ļ		(366,219,028)	
95348	31-1154200	Humana Health Plan of Ohio, Inc.	4,000,000				(26,985,622)	(242,815,788)	ļ		(265, 801, 410)	
95024	61-0994632	Humana Health Plan of Texas, Inc.	5,000,000				(44, 161, 965)	(354,991,822)	ļ		(394, 153, 787)	
54739 00000	52 - 1157 181 61 - 0647 538	The Dental Concern, Inc	800,000 (774,050,000)	131,917,329			(2,227,063) 962,812,926		 		(1,427,063)	
00000	61 - 1232669	Humana Inc Managed Care Indemnity, Inc	60,000,000	131,917,329			28,900,000		 		88,900,000	
00000	61 - 1223418	Health Value Management, Inc.					(32,474,293)		ł		(32,474,293)	
95342	39 - 1525003	Humana WI Health Org. Insurance Corp.	5,000,000				(19, 167, 007)	(99,206,956)	 		(32,474,293)	
73288		Humana Insurance Company	320,000,000				(287.554.482)	980 . 419 . 339	ļ		1,012,864,857	
52028	39 - 3654697	The Dental Concern, Ltd.	250.000				61,278				311,278	
95519	58-2209549	Humana Employers Health Plan of GA, Inc.	1200,000				(22,517,369)	(147, 254, 807)	†		(169,772,176)	
70580	39-0714280	HumanaDental Insurance Company.	22.000.000				(19,833,268)	(147,204,007)	-		2.166.732	
88595	31-0935772	Emphesys Insurance Company	22,000,000				(253,417)		†		(253,417)	
60219	61-1311605	Humana Insurance Company of Kentucky	·				(1,962,379)		İ		(1,962,379)	
00000	66-0291866	PCA Insurance Group of Puerto Rico Inc					(457, 144)		1		(457,144)	
00000	66-0406896	PCA Health Plans of Puerto Rico, Inc.					(1,249,422)		1		(1,249,422)	
95642	72 - 1279235	Humana Health Benefit Plan of LA. Inc.					(107,975,007)				(107,975,007)	
95092	59 - 2598550	CarePlus Health Plans, Inc.	20,000,000				(45,824,648)				(25,824,648)	
12634	20-2888723	Humana Insurance Company of New York					(17,456,353)		<u> </u>		(17,456,353)	
95158		CHA HMO					204,894		<u> </u>		204,894	
00000	61-1383567	HUM-e-FL, Inc.							ļ		0	
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc							ļ		0	
00000	58 - 93028	Humana Health Enterprises UK Ltd.		(12,917,329)					ļ		(12,917,329)	
00000	26-0010657	CAC-Florida Medical Centers, LLC.					(4,469,037)		ļ		(4,469,037)	
00000	61 - 1316926	Humana Pharmacy, Inc.	·				(2,951,357)		ļ		(2,951,357)	
00000	61 - 1343791	Humana Innovation Enterprises, Inc.					(2,419)				(2,419)	
00000		Green Ribbon Health, LLC					14,454		ł		14,454	
00000	/5-2043805	Corphealth, Inc.	ļ	(445,000,000)			(2,398,613)		ļ		(2,398,613)	
00000	20 - 1377270 57 - 0380426	KMG America Corporation Kanawha Insurance Co	 	(115,000,000)			/E E40 4F0\		ł		(115,000,000)	
65110	74-2352809	Kanawha Insurance Co Texas Dental Plans, Inc.	-				(5,516,153)		ł		(5,516,153)	
12908		Humana Medical Plan of Utah	t				(33,943) (489,382)		ł		(33,943)	
95107		American Dental Plan of NC	†				(489,382)		t		(489, 382)	
11559		American Dental Providers of AR.	†				(38,054)		t	 	(38,054)	
12250	63 - 1063101	CompBenefits of Alabama	500.000				(75,037)		t	 	424,963	
52015		CompBenefits Of Arabana.	.t				(21,690,097)		t		(21,690,097)	
95161	76-0039628	DentiCare, Inc.	2.000.000				(4,576,771)		† <u>-</u>	<u> </u>	(2,576,771)	
11228	36-3686002	CompBenefits Dental, Inc.	1,500,000				(3,522,624)		† <u>-</u>	<u> </u>	(2,022,624)	
11220	00 0000002	oniponorito pontar, mo					(0,022,024)		·		(2,022,024)	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

4	0		,			7	0	0	10	44	40	13
1 NAIC	2	3	4	5	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the	8 Management	9 Income/ (Disbursements) Incurred Under	10	Any Other Material Activity Not in the Ordinary Course of	12	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
60984	74-2552026	CompRenefits Insurance Company	20,000,000	001111100110110		,ato(o)	(21,035,821)	7.19.00		240000	(1,035,821)	ranon (Liability)
60984 60052 10126	37 - 1326199	CompBenefits Insurance Company	5,000,000				(20,485,860)		1	<u> </u>	(15,485,860)	
10126	37 - 1326199 65 - 1137990	Humana AdvantageCare Plan					(4,114,161)		1	1	(4,114,161)	
95754	62 - 1579044	Humana AdvantageCare Plan	56,000,000				(17,341,406)		1	<u> </u>	38,658,594	
82740	62-0729865	Cariten Insurance Company	30,000,000				(1,252,405)		1	<u> </u>	28,747,595	
82740 95749	62 - 1546662	Cariten Insurance Company Preferred Health Parntership of TN, Inc	30,000,000				(88,482)		1	†	29,911,518	
00000	59 - 1843760	Humana/ComBenefits, Inc					44,723,258		1	†	44,723,258	
00000	20-8418853	Humana Veterans Healthcare Services, Inc.					(20, 892)		1	†	(20,892)	
00000	36 - 35 125 45	Dental Care Plus Mangement, Corp.					(20,892)		1	†	(3,034,187)	
00000	58 - 2198538	ComBenefits of Georgia Inc					(694,847)		İ		(694,847)	
00000	62 - 1245230	ComBenefits of Georgia, Inc					(528,025)		İ	T	(528,025)	
00000	20-1724127	Preservation on main Inc.					3,038,669		İ	T	3,038,669	
00000	58 - 2228851	Combenefit Direct					6,352		İ	T	6,352	
00000	26 - 3473328	Humana Health Plan of California		(4,000,000)			(1,767)		1	<u> </u>	(4,001,767)	
00000	26 - 3583438	Humana Holdings International		(4,000,000)			(3)		·		(3)	
00000	20 0000+00	Trainana notatrigo internationar					(0)		·		(0)	
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9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	
10	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
whi	lowing supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not trach the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar couplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the specific provides an explanation following the specific provides and the specific provides are required to be filed as part of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the specific provides are required to be filed as part of your annual statement filing. However, in the event that your company does not track the specific provides are required to be filed as part of your annual statement filing. However, in the event that your company does not track the specific provides are required to be filed as part of your annual statement filing. However, in the event that your company does not track the specific provides are required to the specific provi	ode will be printed below. If
	MARCH FILING	
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
13.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed by March 1?	YES
15.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed by March 1?	YE\$
16.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	YES
18.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	YES
19.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	YES
20.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	YES
21.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	YES
22.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	YES
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	YES
24.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
25.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	YES
27.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
28.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

29.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
30.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	
32.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
		YES
	nation:	
1.Thi	s type of business is not written.	
2.Thi	s type of business is not written.	
3.Thi	s type of business is not written.	
7.Thi	s type of business is not written.	
9.Thi	s type of business is not written.	
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2.Thi	s type of business is not written.	
Bar co	ode:	
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40		
12.	7 0 5 8 0 2 0 0 9 3 6 0 5 9 0 0 0	
13.	7 0 5 8 0 2 0 0 9 4 9 0 0 0 0 0	
27.		
29.		

OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2009 OF THE HumanaDental Insurance Company

SCHEDULE O SUPPLEMENT

FOR THE YEAR ENDED DECEMBER 31, 2009

(To Be Filed By March 1)

Of The HumanaDental Insurance Compar	ny				
Address (City, State and Zip Code) DePere, WI 541	15				
NAIC Group Code 0119	NAIC Company Code 7058	80	Employer's ID Nu	umber 39-0714280	
SUPP	(\$000	CHEDULI t of Incurred Losses OMITTED) p Accident and Health		Т 1	
	4	Net A	mounts Paid Policyholde	rs 4	5
Year in Which Losses Were Incurred	1 2005	2006	3 2007	2008	2009(a)
1. Prior			0	0	
2. 2005		13,955 154,191	244	4 188	
3. 2006 4. 2007	XXX	XXX XXX	13,901 175.192	11.287	
5. 2008	XXX	ХХХ	XXX	177,612	13,247
6. 2009	XXX	XXX	XXX	XXX	173,83
	Section B-Othe	r Accident and Health			
1. Prior	0	0	0	0	
2. 2005	250 L	47 1.657	0	0	
3. 2006 4. 2007	XXX	XXXXXX	18,196	167	(!
5. 2008	XXX	XXX	XXX	7,082	374
6. 2009	XXX	XXX	XXX	XXX	10,324
	Section C-Cred	t Accident and Health			
1. Prior	0	0	0	0	(
2. 2005	U_L	0	0	0	
3. 2006	XXX	XXX	U	0	(
5. 2008	1004	XXX	XXX	0	
6. 2009	XXX	XXX	XXX	XXX	(
	Se	ction D -			
1. Prior	0	0	0	0	(
2. 2005				0	
3. 2006 4. 2007		XXX	0	0	
5. 2008	XXX	XXX	XXX	0	
6. 2009	XXX	XXX	XXX	XXX	(
	Se	ction E -			
1. Prior	0	0	0	0	(
2. 2005	0 L	0	^U	0	
3. 2006 4. 2007		XXX	0	0	اا
5. 2008			XXX		
6. 2009	XXX	XXX	XXX	XXX	(
	Se	ction F-			
1. Prior		<u>0</u> J			(
2. 2005	0	<u>0</u> -	<u>0</u>	0	(
3. 2006 4. 2007	XXX	XXX	0	0	
5. 2008	XXX	XXX	XXX	0	
6. 2009	XXX	XXX	XXX	XXX	(
	Se	ction G-			
1. Prior			0	0	
2. 2005	0	<u>0</u>		0	
3. 2006 4. 2007	XXX	XXX	0	0	
5. 2008	XXX	XXX	XXX	0	
6. 2009	XXX	XXX	XXX	XXX	(

⁽a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SCHEDULE O SUPPLEMENT SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses (\$000 OMITTED) Section A - Group Accident and Health

	Net Amounts Paid for Cost Containment Expenses				
Vancia Miciala Lagran Mara Incomed	1	2	3	4	5
Year in Which Losses Were Incurred 1. Prior	2005 XXX	2006	2007	2008	2009
2. 2005	0		0	 N	
3. 2006	XXX	0	0	0	
4. 2007	XXX	XXX		0	
5. 2008	XXX	XXX	XXX	0	
6. 2009	XXX	XXX	XXX	XXX	59
			'		
1. Prior	Section B - Othe	r Accident and Health	0 L	0	
2. 2005	0	0	0	0	
3. 2006	\XXX\.	0	0	0	
4. 2007	XXX	XXX	0 L	0	
5. 2008	XXX	XXX	XXX	0	
6. 2009	XXX	XXX	XXX	XXX	{
	Section C - Cred	it Accident and Health	•		
1. Prior	XXX	0	0	0	
2. 2005	0	ŏ ŀ	ŏ	ō	
3. 2006	XXX	0 <u> </u> .	0 <u> </u>	0	
4. 2007	XXX	XXX	0	0	
5. 2008	\XXX\	XXX	XXX	0	
6. 2009	XXX	XXX	XXX	XXX	
1. Prior 2. 2005	See XXX	ction D-	0	0	
3. 2006	····	h	لا		
	XXX		^{\lambda}	U	
4. 2007	\XXX	XXX		U	
5. 2008 6. 2009	XXX	XXXXXX	XXX	<u>U</u>	
6. 2009		۸۸۸	٨٨٨	XXX	
1. Prior	Se XXX	ction E-	0.1	0	
2. 2005	^^^	h	h		
3. 2006	XXX	۰۰۰۰ ۲-	h.		
4. 2007	XXX	XXX	h	 n	
5. 2008	XXX	XXX	XXX	 n	
6. 2009	XXX	XXX	XXX	XXX	
0. 2000	AAA	AAA	AAA	АЛЛ	
1. Prior	Se XXX	ction F-	<u>0 Γ</u>	Λ	
2. 2005	^^^	h	h	 n	
3. 2006	XXX	۰۰۰۰ ۲-	h	ںں ۱	
4. 2007	XXX	XXX	h	 n	
5. 2008	XXX	XXX	XXX	 N	
		XXX		XXX	
6. 2009	XXX	۸۸۸	XXX	۸۸۸	
	Sec	ction G-			
1. Prior	XXX	0	0	<u> </u>	
2. 2005	0	0	<u>0</u>	0	
3. 2006	XXX	0	0	0	
4. 2007	XXX	XXX	0	0	
		vvv i	VVV	0	l
5. 2008 6. 2009	XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses (\$000 OMITTED) Section A - Group Accident and Healtl

4. 2008 XXX XXX XXX 178,235 5. 2009 XXX XXX XXX XXX XXX Section B - Other Accident and Health 1. 2005 314 298 298 XXX 2. 2006 XXX 1,899 1,835 1,833 3. 2007 XXX XXX 18,517 18,366				Accident and Health		
Year in Which Losses Were Incurred 2005 2006 2007 2008	ig at End of Year	ind Reserve Outstanding	ers and Claim Liability ar	Amount Paid Policyholde		
1, 2005	5 2009					Year in Which Losses Were Incurred
2, 2006	XXX					4 0005
3, 2007	XXX	168.448	191.004		XXX	
1,2005	187,1	186.933	187 .851	XXX	XXX	3. 2007
Section B - Other Accident and Health 1,2005 288	191,1					4. 2008
1, 2005 3,14 2,98 2,98 XXX 2,2006 XXX 1,899 1,835 1,833 3,2007 XXX	190,3					5. 2009
1. 2005						
2, 2006	XXX	VVV	200			1 2005
3, 2007	XXX					
1 2005	18,3	10 266	1,000			
Section C - Credit Accident and Health						4. 2000
1. 2005						
1. 2005	10,7	λλλ	λλλ	λλλ	λλλ	5. 2009
2 2006				Accident and Health	Section C - Credit	
2, 2006	XXX	XXX	0.1	0 1	0.1	1. 2005
3. 2007	XXX	0 1	ñ l			
A 2008		n				3 2007
Section D- Sec		0		V/V/V		4 2008
1. 2005		VVV				5 2000
1. 2005						
2. 2006				on D-	Sect	
3. 2007 4. 2008 5. 2009 XXX	XXX	XXX	0	0	0	
3. 2007 4. 2008 5. 2009 XXX	XXX	0	0	0	XXX	2. 2006
Section E-		0	0	XXX	XXX	3. 2007
Section E-		0	XXX	XXX _	XXX	4. 2008
1. 2005 0 0 0 XXX 2. 2006 XXX 0 0 0 0 3. 2007 XXX XXX XXX 0 0 0 0 4. 2008 XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX 0		XXX	XXX	XXX	XXX	5. 2009
1. 2005 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				on E	Soot	
2. 2006 XXX 0 0 0 3. 2007 XXX XXX XXX 0 0 4. 2008 XXX XXX XXX XXX 0 0 5. 2009 XXX 0 0 XXX 0 0 0 0 2. 2006 XXX 0	XXX	XXX	0 [01 E-		1. 2005
3. 2007	XXX	0	0	0	XXX	2 2006
4. 2008		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ххх		
Section F- XXX			J			4 2008
Section F- 1. 2005		yyy				5 2009
1. 2005 0 0 XXX 2. 2006 XXX 0 0 0 3. 2007 XXX XXX 0 0 0 4. 2008 XXX XXX XXX XXX 0 0 5. 2009 XXX XXX XXX XXX XXX		AAA	XXX	AAA	AAA	0. 2003
2. 2006 XXX 0 0 0 3. 2007 XXX XXX 0 0 4. 2008 XXX XXX XXX XXX 5. 2009 XXX XXX XXX XXX				on F-	Sect	
3. 2007 XXX XXX 0 0 0 4. 2008 XXX XXX XXX XXX 0 0 5. 2009 XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	0	0		
3. 2007	XXX	0	0	0 <u> </u>		
4. 2008 XXX XXX XXX XXX 0 5. 2009 XXX XXX XXX XXX XXX		0	0	XXX <u></u>	XXX	3. 2007
5. 2009 XXX		0	XXX		LXXXL	4. 2008
Section G-		XXX				
Section G-				on G	S4	
1. 2005	XXX	XXX	0.1	011 G- 0 T	Sect n l	1 2005
2. 2006 XXX 0 0 0	XXX		ő l		XXX	
2. 2007 XXX XXX XXX 0 0 0						

Section G-					
1. 2005		0	0	XXX	XXX
2. 2006	XXX	0	0	0	XXX
3. 2007	XXX	XXX	0	0	0
4. 2008	XXX	LXXX	XXX	0	0
5. 2009	XXX	XXX	XXX	XXX	0

SCHEDULE O SUPPLEMENT SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses (\$000 OMITTED) Section A - Group Accident and Health

	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at the End of Year				
Year in Which Losses Were Incurred	1 2005	2 2006	3 2007	4 2008	5 2009
1. 2005	173,199	169.823	171.003	0	
2. 2006	XXX	191,351	191,003		168,
3. 2007	XXX	XXX		186,933	187 .
4. 2008	XXX	XXX			191
5. 2009	XXX	XXX	XXX	XXX	190
	Section B - Other	Accident and Health			
1. 2005	314	298	298	0	
2. 2006	XXX	1,899	1,835	1,833	1,
3. 2007	XXX	XXX	18,517	18,366	18
4. 2008	XXX	XXX	XXX	7,085	7
5. 2009	XXX	XXX	XXX	XXX	10
	Section C - Credit	Accident and Health			
1. 2005	0	0	0	0	
2. 2006	XXX	0	0	0	
3. 2007	XXX	ХХХ	0	0	
4. 2008	XXX	XXX _	XXX _	0	
5. 2009	XXX	XXX	XXX	XXX	
1. 2005 2. 2006 3. 2007		tion D- 	0	0	
	XXX	XXX	U	U	
4. 2008 5. 2009	\XXX	XXX	XXX XXX	XXX	
J. 2009	•	'	λλλ	λλλ	
		tion E-	0.1	0.1	
1. 2005	0	0	0	<u>0</u>	
2 2006	XXX	0	0	0	
3. 2007	XXX	XXX	0	0	
4. 2008	XXX	XXX	XXX	0	
5. 2009	XXX	XXX	XXX	XXX	
1. 2005	Sect	tion F-	0.1	0	
2. 2006	V/V/V	0	0	0	
3. 2007	XXX	XXX	0	<u>0</u>	
4. 2008	XXX	XXX	XXX	<u>0</u>	
5. 2009	XXX	XXX	XXX	XXX	
. 2000	•		AAA	ΛΛΛ	
1. 2005	Sect	tion G- 0 L	0 T	0	
2. 2006	XXX	0	0	ő	
3. 2007	XXX	XXX	0	0	
4. 2008	XXX	XXX	XXX	0	
5. 2009	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Reserve and Liability Methodology - Exhibits 6 and 8				
	1	2		
Line of Business	Methodology	Amount		
1. Industrial life				
2. Ordinary life		<u> </u>		
3. Individual annuity	. [
Supplementary contracts				
5. Credit life				
6. Group life				
7. Group annuities				
Group accident and health		17.089		
Credit accident and health				
10. Other accident and health		462		
11. Total		17.551		

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Increase in Reserves During The Year	7
Analysis of Operations By Lines of Business	6
Asset Valuation Reserve Default Component	30
Asset Valuation Reserve Equity	32
Asset Valuation Reserve Replications (Synthetic) Assets	35
Asset Valuation Reserve	29
Assets	2
Cash Flow	5
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9
Exhibit 1 – Part 2 – Dividends and Coupons Applied, Reinsurance Commissions and Expense	10
Exhibit 2 – General Expenses	11
Exhibit 3 – Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11
Exhibit 4 – Dividends or Refunds	11
Exhibit 5 – Aggregate Reserve for Life Contracts	12
Exhibit 5 – Interrogatories	13
Exhibit 5A – Changes in Bases of Valuation During The Year	13
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14
Exhibit 7 – Deposit-Type Contracts	15
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 1	16
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 2	17
Exhibit of Capital Gains (Losses)	8
Exhibit of Life Insurance	25
Exhibit of Net Investment Income	8
Exhibit of Nonadmitted Assets	18
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27
Five-Year Historical Data	22
Form for Calculating the Interest Maintenance Reserve (IMR)	28
General Interrogatories	20
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Life Insurance (State Page)	24
Notes To Financial Statements	19
Overflow Page For Write-ins	53
Schedule A – Part 1	E01
Schedule A – Part 2	E02

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI11
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E18
Schedule DB – Part A – Section 3	E19
Schedule DB – Part A – Verification Between Years	SI12
Schedule DB – Part B – Section 1	E19
Schedule DB – Part B – Section 2	E20
Schedule DB – Part B – Section 3	E20
Schedule DB – Part B – Verification Between Years	SI12
Schedule DB – Part C – Section 1	E21
Schedule DB – Part C – Section 2	E21
Schedule DB – Part C – Section 3	E22
Schedule DB – Part C – Verification Between Years	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Part D – Section 3	E23

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule DB – Part D – Verification Between Years	SI13
Schedule DB – Part E – Section 1	E24
Schedule DB – Part E – Verification Between Years	SI13
Schedule DB – Part F – Section 1	SI14
Schedule DB – Part F – Section 2	SI15
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification Between Years	SI16
Schedule F	36
Schedule H – Accident and Health Exhibit – Part 1	37
Schedule H – Part 2, Part3 and Part 4	38
Schedule H – Part 5 – Health Claims	39
Schedule S – Part 1 – Section 1	40
Schedule S – Part 1 – Section 2	41
Schedule S – Part 2	42
Schedule S – Part 3 – Section 1	43
Schedule S – Part 3 – Section 2	44
Schedule S – Part 4	45
Schedule S – Part 5	46
Schedule S – Part 6	47
Schedule T – Part 2 Interstate Compact	49
Schedule T – Premiums and Annuity Considerations	48
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	50
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	51
Summary Investment Schedule	SI01
Summary of Operations	4
Supplemental Exhibits and Schedules Interrogatories	52

